Dupl
AC.752

JAMAICA.

ANNUAL REPORT

OF THE

SUPERINTENDING MEDICAL OFFICER,

TROPICAL DISEASES BUREAU
RECEIVED
4 DEC 1916

TROPICAL DISEASES BUREAU
LIBRARY

Together with the Reports on the following Departments of the Medical Service of the Island, viz:

THE PUBLIC HOSPITAL
THE LYING-IN HOSPITAL
THE LUNATIC ASYLUM
THE LEPERS' HOME

FOR

THE YEAR ENDED 31ST MARCH, 1916.

Ordered by His Excellency the Governor to be Printed.

JAMAICA
GOVERNMENT PRINTING OFFICE, KINGSTON.
1916.

WELLCOME INSTITUTE
LIBRARY
Coll. [illegible]
Cal. +
No. Armkp
WA28
.GJ2
J27
1916

22501398261

CORRIGENDUM.

On page 10 of the Annual Report of the Medical Department between the words "especially" and "at" in the 3rd line of the Minute of the Registrar General to the Registrar of Births and Deaths Moneague, insert the words "when it is considered that a Doctor resides at Moneague and another"

ISLAND MEDICAL DEPARTMENT.

Report for the year ended 31st March, 1916.

Island Medical Office, Kingston, 29th June, 1916.

Sir,

I have the honour to forward, for the information of His Excellency the Governor, the accompanying Returns and Reports, including the Report of the Government Bacteriologist, embracing the period for the year which began on 1st April, 1915, and ended on 31st March, 1916.

2. *Appointments.*—Dr. R. H. Davidson on the transfer of Dr. Sharp to the May Pen District was appointed acting District Medical Officer of the Gordon Town District of St. Andrew on 27.7.15.

Dr. G. D. B. Gordon on the death of the late Dr. H. J. George was appointed acting District Medical Officer of the Buff Bay district of Portland on 16.11.15.

Dr. F. C. H. Powell on the resignation of Dr. T. A. Dryden was appointed District Medical Officer of the Manchioneal district of Portland on 1.10.15.

Dr. F. R. Evans on the resignation of Dr. F. C. H. Powell was appointed Medical Officer in charge of the Manchioneal District as an Outstation on 1.1.16, on the condition that he should have two Outstation days per week at the village of Manchioneal.

Dr. C. D. Johnston on the resignation of Dr. C. H. Farquharson was appointed to act as District Medical Officer of the Black River District of St. Elizabeth on 1.3.16, until further notice.

Dr. C. E. Sharp, District Medical Officer, Gordon Town, was transferred to May Pen on 1.7.15, at his own request.

Dr. E. R. C. Earle, District Medical Officer, May Pen, was on the death of Dr. D. B. Neish, appointed Health and District Medical Officer, Port Royal, on 1.7.15, at his own request.

Dr. S. C. DePass was appointed Dental Surgeon to the Public Hospital as from 1.4.15, for the year unless any unforeseen circumstances should arise.

Dr. J. S. Myers was appointed acting Supernumerary Medical Officer Public Hospital, on 12.4.15.

3. *Resignations.*—Dr. T. A. Dryden resigned his appointment as District Medical Officer, Manchioneal, on 10.9.15.

Dr. F. C. H. Powell resigned his appointment as District Medical Officer, Manchioneal on 31.12.15.

Dr. C. H. C. Farquharson resigned his appointment as District Medical Officer, Black River on 29.2.16.

In my last Annual Report by an oversight the retirement of Mr. A. A. Samuel, Senior and Accounting Clerk to the Head Office, was overlooked and not commented upon.

It gives me much pleasure to record my high appreciation of Mr. Samuel's services while he was employed in the Medical Department first as Clerk to the Public Hospital, Kingston, and then as Senior and Accounting Clerk to the Department. Mr. Samuel was very exact in matters of detail while being of a cheerful and pleasant disposition—he was very pleasant to work with. He is greatly missed. He served some 17 years with the Department.

4. *Deaths.*—I regret to announce the death of Dr. H. J. George, late D.M.O of Buff Bay District, on 16.11.15. Dr. George was appointed D.M.O. of that District on the transfer of Dr. Shackleton to the Lunatic Asylum in 1905. He had previously served in the South African War being attached to the Scotch Hospital. Dr. George was a Medical Officer who was greatly attached to his profession, kind and considerate to his patients both rich and poor, greatly interested in his work, and much beloved by all who had to deal with him either socially or otherwise. His loss will be greatly felt in the district in which he served.

The Department has also suffered a loss in the death of Dr. D. B. Neish, late Health Officer and D.M.O. of Port Royal on 14.5.15. Dr. Neish was a most conscientious Officer and spared himself no trouble in doing what he believed to be his duty.

5. *Leave of Absence.*—The following Officers were granted leave of absence or Sick Leave during the financial year:—

Name.	Period of Absence.	Period during which absent.	Acting Officer.
Dr. J. E. Ker, S.M.O	10 days	19.11.15-28.11.15	Dr. L. Gifford
Mr. C. Don, Medical Storekeeper and Secretary Quarantine Board	14 days 2 weeks	25.10.15-7.11.15 31.1.16-11.2.16	Messers. Thomas & Hamilton
Mr. R. Lopez, Assistant	1 month	14.7.15-13.8.15	Mr. E. S. Hendriks
Mr. E. S. Hendriks	1 month	17.9.15-16.10.15	Mr. R. Lopez
Miss S. Bridge, Typist	2 weeks	19.7.15-1.8.15	Miss E. Dacosta
Dr. C. A. H. Thomson	1 month	28.10.15-27.11.15	Drs. Ross and Anderson
Dr. H. Catto	10 days	9.8.15-18.8.15	Dr. H. H. Scott
Dr. A. A. Anderson	1 month	6.9.15-5.10.15	Drs. Ross and Thomson
Dr. H. J. George	2 months	25.10.15, died 16.11.15	Dr. G. D. B. Gordon
Dr. W. I. Escoffery	2 weeks	13.12.15-26.12.15	Dr. G. I. Lecesne
Dr. H. G. Johnston	2 weeks	24.9.15-6.10.16	Dr. A. M. Mills
Dr. C. H. Farquharson	4½ months	18.10.15-29.2.16	Dr. C. D. Johnston
Dr. J. A. L. Calder	12 days	26.7.15-6.8.15	Dr. E. R. Harriott
Dr. Geo. Cooke	1 month	1.6.15-30.6.15	Dr. M. M. Meikle
Dr. D. B. Neish	3 months	10.4.15, died 14.5.16	Drs. Catto and Thomson
Dr. E. R. C. Earle	4 weeks and 3 days	18.1.16-14.2.16	Dr. T. R. Matthews
Dr. E. D. Gideon	1 month	6.11.15-5.12.15	Dr. C. A. Moseley
Dr. G. Hargreaves	12 days	28.8.15-5.9.15	Dr. W. E. Wilson
Dr. T. M. Bartlett	5 months and 10 days	19.7.15-28.12.15	Dr. J. J. Cameron

6. The following Medical Officers of the Department who were given permission to proceed to England to volunteer for service with the Royal Army Medical Corps have been given employment either in Europe, Asia or Africa, and are at present on service.

Name.	Office.	Date of Departure.	Acting Officer.
Dr. W. E. H. Beard	D.M.O., Grange Hill	10.8.15	Dr. S. A. Isaacs
Dr. M. T. Cassidy	D.M.O., Lionel Town	10.8.15	Dr. J. H. Clarke
Dr. C. W. M. Castle	Snr. Med. Officer, Public Hospital, Kingston	8.11.15	Dr. T. R. Matthews
Dr. F. H. Cooke in Medical charge of 3rd Contingent	D.M.O., Lucea	17.1.16	Dr. A. J. Salmon
Dr. A. G. Curphey, in Medical charge of 1st Contingent	D.M.O., Moneague	11.10.15	Dr. G. E. Cheyne
Dr. C. R. Edwards	D.M.O., Lower St. Andrew	27.9.15	Dr. W. A. S. Browne
Dr. C. S. Gideon	D.M.O., Gayle	1.4.15	Dr. W. I. Escoffery
Dr. H. Joslen	D.M.O., Annotto Bay	27.3.16	Dr. P. M. Lyon
Dr. J. G. Moseley	Assist. D.M.O., Pt. Antonio—unpaid	12.11.14	Dr. C. A. Moseley
Dr. W. D. Neish	Medical Officer Spanish Town Hospital and Leper Asylum	1.10.15	Dr. J. H. Peck and Dr. C. R. White
Dr. R. F. Russell	Supernumerary Medical Officer	1.4.15	Dr. A. A. Anderson
Dr. H. H. Scott	Government Bacteriologist	8.11.15	Dr. H. Catto
Dr. T. F. Shackleton	Snr. Resident Medical Officer Lunatic Asylum	2.8.15	Dr. J. S. Myers
Dr. C. E. Sharp, in medical charge of 2nd Contingent	D.M.O., May Pen	20.11.15	Dr. T. A. Dryden

Dr. A. A. Anderson, Acting Supernumerary Medical Officer, Public Hospital, went as 2nd Medical Officer, on board the Trooper with the 3rd Contingent, on the 29.2.16., Dr. F. W. W. Baillie, acting.

The following members of the Medical Department have either joined the army or the Contingent.

Name.	Office.	Date of Departure.	Acting Officer.
Mr. G. Warder	Warden Public Hospital, Kingston	17.4.15	Mr. C. H. Valencia
Mr. A. P. Jones	Assist. Hall Porter, Public Hospital	22.11.15	Mr. A. W. M. Malliett
Mr. C. A. Robb	Dispenser Chapelton Hospital	15.2.16	Mr. R. S. Pink

Dr. G. Hargraves, D.M.O., Cave Valley, is at present in Medical Charge of the 4th Contingent at Camp and will accompany them when they leave the Island. Dr. W. E. Wilson, Acting from 20.4.16. Dr. Hargreaves left for England on July 25th (Ed.)

Dr. R. S. Turton, D.M.O. for Stony Hill, is attached for service at Camp. Dr. L. A. Crooks acting from 13.4.15.

7. Return of Expenditure of Island Medical Department, 1915-1916.

—	Personal Emoluments.	Other Charges.	Gross Expenditure.	Amount of Dues Collected.	Actual Expenditure after deducting amount passed to credit of Hospital.	Amounts of Grants Estimated.
	£ s. d.	£ s. d.	£ s. d,	£ s. d.	£ s. d.	£ s. d.
Head Office ...	2,678 0 1	4,563 8 4	7,241 8 5	2,098 13 4	5,142 15 1	8,195 19 3
District Medical Officers ...	5,705 1 11	...	5,705 1 11	..	5,705 1 11	5,850 0 0
Supernumerary Medical Officers ...	182 2 0	...	182 2 0	..	182 2 0	200 0 0
Temporary Outstations and Dispensary appointments ..	150 0 0	...	150 0 0	..	150 0 0	150 0 0
Public General Hospitals—						
Morant Bay ...	205 0 10	217 9 9	422 10 7	15 5 1	407 5 6	495 5 9
Hordley ...	302 6 8	607 14 0	910 0 8	17 9 3	892 11 5	996 8 0
Port Antonio ...	527 4 0	1,298 19 3	1,826 3 3	27 10 4	1,798 12 11	1,833 13 0
Buff Bay ..	582 8 0	1,461 15 2	2,044 3 2	16 12 10	2,027 10 4	2,461 9 0
Annotto Bay ...	465 18 9	1,413 11 10	1,879 10 7	22 18 6	1,856 12 1	2,011 5 0
Port Maria ...	390 12 0	716 9 1	1,107 1 1	49 18 10	1,057 2 3	1,150 19 0
St. Ann's Bay ...	232 10 10	220 0 0	452 10 10	8 16 11	443 13 11	525 19 0
Cave Valley ...	67 0 0	102 13 0	169 13 0	14 8 4	155 4 8	196 12 0
Falmouth ...	217 9 0	186 4 5	403 13 5	5 15 6	397 17 11	430 0 6
Ulster Spring ...	91 6 5	63 15 7	155 2 0	4 2 2	150 19 10	205 0 0
Montego Bay ...	273 1 3	443 10 4	716 11 7	18 4 8	698 6 11	973 16 0
Lucea ...	232 1 10	197 19 6	430 1 4	16 7 0	413 14 4	543 11 0
Sav.-la-Mar ...	469 16 2	1,102 12 3	1,572 8 5	69 4 5	1,503 4 0	1,870 5 0
Black River ...	223 14 0	193 1 0	416 15 0	17 6 5	399 8 7	490 4 6
Mandeville ...	230 18 4	330 19 11	561 18 3	13 7 8	548 10 7	619 6 0
Chapelton ...	293 16 2	415 16 0	709 12 2	12 1 1	697 11 1	801 4 0
Lionel Town ...	337 4 8	555 13 9	892 18 5	12 14 6	880 3 11	1,014 18 0
Spanish Town ...	421 18 4	854 13 2	1,276 11 6	32 3 6	1,244 8 0	1,485 8 4
Linstead ...	236 12 3	318 2 3	554 14 6	13 14 0	541 0 6	633 6 0
Yaws Fees ...	455 4 6	...	455 4 6	0 2 0	455 2 6	1,000 0 0
Investigation, Vomiting Sickness ...	..	8 4 6	8 4 6	...	8 4 6	50 0 0
Drugs and Poisons Law ...	21 8 6	...	21 8 6	...	21 8 6	17 0 0
Medical attendance on Immigrants ...	2,149 14 7	...	2,149 14 7	...	2,149 14 7	534 8 0
Public Hospital ..	5,348 19 11	5,068 4 10	10,417 4 9	862 9 6	9,554 15 3	11,008 6 0
Lunatic Asylum ...	7,156 12 2	15,789 17 4	22,946 9 6	10,017 5 7	12,929 3 11	21,831 18 10
Lepers Home ...	972 1 0	1,704 6 11	2,676 7 11	...	2,676 7 11	2,683 0 0
Victoria Jubilee Hospital ..	604 15 4	594 17 6	1,199 12 10	465 2 6	734 10 4	1,387 1 3
Vaccination Fees ...	1,547 14 2	...	1,547 14 2	...	1,547 14 2	1,500 0 0
Medical Officer General Penitentiary ...	250 0 0	..	250 0 0	...	250 0 0	250 0 0
Health Officer, Port Royal ...	450 0 0	..	450 0 0	...	450 0 0	450 0 0
Quarantine ...	288 17 4	462 4 3	751 1 7	304 1 0	447 0 7	1,025 19 0
Central Board of Health ...	..	11 18 4	11 18 4	...	11 18 4	25 0 0
Medical Council ...	5 5 0	..	5 5 0	...	5 5 0	20 0 0
Total 1915-1916 ...	33,766 16 0	38,904 2 3	72,670 18 3	14,135 14 11	58,535 3 4	74,917 2 5

8. Return showing the daily total cost per patient, and the daily cost per patient for maintenance only at the several Public General Hospitals.

Hospitals.	Daily total cost per patient; excluding D.M.O.'s salary.		Daily cost per patient for maintenance only.
	s.	d.	d.
Morant Bay	1	2½	5½
Hordley		11¼	6¾
Port Antonio	1	0	6¾
Buff Bay		11¼	6¼
Annotto Bay		9½	5¾
Port Maria		11½	5½
St. Anns Bay	1	6½	6
Cave Valley	1	6½	6
Falmouth	1	7	6¼
Ulster Spring	1	8¼	5¾
Montego Bay ..	1	1	6¼
Lucea	1	2¾	5
Sav.-la-Mar		9	4¾
Black River	1	2¼	4¾
Mandeville	1	2¼	5¾
Chapelton	1	3½	6½
Lionel Town		10¾	5
Spanish Town ..		9½	5
Linstead	1	2½	6

9. *Value of Drugs, etc., issued to the various Institutions, etc., from the Island Medical Stores, during the financial year,* 1915-16.

	£	s.	d.
Value of drugs and sundries issued to the Public General Hospitals, Lepers Home and Medical Districts	,973	10	4
Value of Stimulants issued to Public General Hospitals and Lepers Home ..	32	12	7
Value of Drugs, etc., issued to Kingston Hospital	904	1	9
.. Drugs, etc., issued to the Jubilee Hospital	42	2	11
.. Stimulants issued to the Jubilee Hospital	1	8	1
.. Drugs, etc., issued to Lunatic Asylum	376	15	2
.. Stimulants issued to Lunatic Asylum	9	6	8
.. Drugs, ect., issued to Prisons and Reformatories	162	2	4
.. Stimulants issued to Prisons and Reformatories	6	13	1
.. Drugs issued to Department of Agriculture	4	2	10
.. Drugs issued to Quarantine Station	4	6	11
.. Stimulants issued to Quarantine Station	0	1	11
.. Drugs issued to Schools Department	8	19	11
.. Drugs, etc., issued to Parochial Boards	534	11	4
.. Stimulants issued to Union Poorhouse	55	7	1
.. Drugs, etc., issued to Constabulary Department	95	11	10
.. Quinine in packets supplied to Post Offices, etc.	381	13	4
.. Drugs and sundries sold	249	6	11
.. Lymph issued to District Medical Officers	351	9	0
.. Quinine issued to Estates	157	8	0
.. Drugs issued to Travelling Dispensary	117	16	7
.. Drugs, etc., issued to Government Laboratory	1	19	9
.. Instruments supplied to Public General Hospitals	19	11	3
	5,490	19	7

Value of Drugs received into the Store during the year was £3,862 3s. 0d.

Drugs.—Owing to the War the price of many drugs has increased immensely while some drugs which before the commencement of the War were in general use are now practically unobtainable, presumably owing to the fact that they were made in Germany.

Below are mentioned some prices of some drugs before and during the war from which it will be seen that the amount of drugs at present obtainable for the money voted for drugs on the estimates is not what it was before the war.

The greatest care has been taken by Medical Officers in the use of drugs and it is really wonderful how well they have managed—a matter on which they must be greatly complimented.

Several circulars enjoining extreme care in the use of drugs and dressings have been issued.

It is to be hoped that the patients have not suffered in consequence for even carefulness in the use of drugs can be carried to danger point where illness is concerned.

Articles.	Before the War.				At present.		
	£	s.	d.		£	s.	d.
Acid Boric	1	11	0	per cwt.	1	18	0
Potass Iodid	0	11	4	per lb.	0	12	4½
Iodoform	0	16	0		0	17	0
Quinine sulph	0	16	8		1	1	0
Chloroform	0	6	0		0	6	8
Potas Bromid	0	1	8½		0	16	0
Alcohol Absolute	0	0	10		0	2	1
Quinine tablets	0	16	0		2	0	0
Thymol	0	7	5		2	0	0
Sulphonal	0	9	0		1	3	6
Phenacetin	0	3	2		0	19	0
Salol	0	2	4		0	17	6
Tinct. Chloro. et Morph. Co.	0	2	4½		0	3	10
Antipyrin	0	8	2		2	5	4
Ichthyol	0	3	0		2	0	0
Beta Naphthol	0	4	0		0	6	0
Potass Permang.	0	1	6		0	10	0
Santonin	5	5	6		10	16	0
Sodii, Salicylas	0	7	6		0	17	9
Aspirin	0	8	0		1	18	0
Bismuth Subnit	0	7	5		0	10	3
Hydrarg Subchlor	0	2	10		0	6	2½
Hydrarg Perchlor	0	2	7		0	5	8½

It might be here recorded that Indents on the Crown Agents Nos. 902 to 907, 909 and 910, despatched from this Office on December 31st, 1915, for drugs to be given out during the first half of the financial year 1916-17, commencing on April 1st, were priced at £994 6s. 3d., according to the prices believed to be current at the time. A notice was sent us from the Crown Agents in March however stating that we had under estimated the cost by no less a sum than £238 12s. 0d., showing that the price of drugs had not done rising and that we are getting even less for our money than we had hoped.

Receipts from Drugs.—The drug Vote for the year 1915-16 as laid down by the Estimates amounted to £4,500 0s. 0d., while the receipts paid into the Treasury from Drugs sold are as above stated.

It will be seen therefore that the drug vote, although large, yields a large return which is paid into treasury for the benefit of General Revenue and not for that of the Medical Department which Department is not allowed to spend the receipts obtained for drugs sold.

It should be here mentioned that in the year 1914-15, the amount voted on the Estimates for drugs was £5,224 19s. 0d., whereas in the year 1915-16 due to necessary retrenchment the amount voted was only £4,500; the consequence being that the Department has been partly living during the past year on its reserve stock owing to some extent to increase in prices. On several occasions the store has run out of many of the drugs required. Fortunately during the years of fat Revenue the reserve stock in the store had been increased, the necessity for having a good reserve in hand having been abundantly manifest at the time of the Earthquake. Now it is practically exhausted.

It will be noted that although the Store during the year under review gave out drugs to the value of £5,490 19s. 7d., it only replenished its stock to the value of £3,862 3s. 0d., a fact that shows that the reserve stock had to be drawn upon to the extent of £1,628 16s. 7d.

The necessity for a sufficient reserve stock of drugs, dressings, etc., has been abundantly shown and this Department should always have in hand at least six months supply of everything that it may require as one can never say what may happen.

The drugs ordered early in the year and expected to arrive last March, in order that the six monthly supplies to the various Public Institutions and Parochial Boards might be sent out beginning in April, have not yet with the exception of a few items come to hand so that some of the requirements of various Institutions have not as yet been supplied our reserve stock in some instances having come to an end.

10. *Examinations under Law* 34 *of* 1894.—During the year there were 2 General examinations and one special under Law 34 of 1894, at which 42 candidates presented themselves, including 9 from the Kingston Public Hospital. Twenty-one candidates satisfied the Examiners, including seven from the Kingston Public Hospital, and were granted Licenses.

The receipts from candidates amounted to £57 and the expenses in connection with the examinations to £21 6s. 0d.

11. Return showing the number of cases prosecuted at the instance of the Constabulary for vaiolations of Law 34 of 1894—The Durgs and Poisons Law, during the year ended 31st March, 1916.

Parish and Title of case.	Nature of offence.	Date of trial.	Result.	Remarks.
Saint Mary—				
Rex vs.				
Wilson (Chinese)	Retailing pills without being licensed	11.1.1916	Fined 3/ & 2/ cost or 7 days H.L.	Paid
David (Chinese)	do	11.1.16	do	do
Robert Stewart	do	18.2.16	Fined 5/ or 7 days H.L.	do
Pin Fook (Chinese)	do	do	Fined 5/ & 3/ cost or 7 days H.L.	do
Wm. John (Chinese)	do	do	Fined 5/ or 7 days H.L.	do
Abdulla (Coolie)	do	do	Acquitted	
Raglean (Coolie)	do	do	Fined 5/ of 7 days H.L.	do
George Bennett	do	do	do	do
Ah Young (Chinese)	do	do	do	do
Sabilul (Coolie)	do	do	Fined 5/ & 2/ cost or 7 days H.L.	do
Bagaloo	do	do	do	do
Mucksingh	do	18.2.16	Fined 5/ or 7 days H.L.	do
Johndosingh	do	do	Fined 5/ 2/ cost or 7 days H.L.	do
Joseph Goshine	do	do	Fined 5/ or 7 days H.L.	do
Pooran (Coolie)	do	do	Fined 5/ & 2/ cost or 7 days H.L.	do
Uriah Williams	do	do	do	do
Westmoreland—				
Wilford Walton	Leaving his drug shop opened and no one in charge	18.5.15	Fined 10/6 or 14 days H.L.	do

12. *Contracts.* There has been more trouble with Hospital contracts during the year under review than ever before as far as can be ascertained.

One District Medical Officer states—"We have had more trouble with the present contractor than all the other contractors put together during the past thirty odd years." While other D.M.O's., have had to make very frequent complaints about the inability or omission of certain contractors to supply goods at times.

The system of selecting the "cheapest" contractor who may be, in so far as punctuality in supplying goods to the Hospital and ability to keep a proper stock of goods in hand is concerned often the most unsatisfactory has not been a success and the trouble that has been given to some of the District Medical Officers and their dispensers in certain Hospitals during the past year has been very great and has led to waste of any amount of stationery that might have been better used, not to speak of the irritation caused by an unsatisfactory supply of goods and annoyance caused to the Hospital Staffs.

I cannot too strongly recommend that the system of choosing the cheapest contractor under which the Tenders Committee works at present should be changed and that more discretion should be allowed the Tenders Committee in the matter of selecting those who should contract for Government Institutions.

Goods may be cheap but cheapness alone will not ensure the patients of a Hospital getting their meals at the appointed time, and when meals are irregular at a large Hospital patients feel themselves neglected and there is in consequence a great deal of grumbling, while those who are ordered a cow's milk diet may have to go without it and the unfortunate Medical Officer and dispenser have to bear the brunt of the discontent which should be borne by the contractor.

13. *Vaccination.*—The following are the results of the last seven years including the year under review.

Year.	Sucess-ful.	Not suc. cessful.	Did not return.	D.M.O.			Constables.			Registrars.			Totals.		
				£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1909-10 ..	22,786	653	461	1,054	8	0	279	5	8	275	1	1	1,590	14	9
1910-11 ..	23,106	617	559	993	5	0	259	1	3	246	17	5	1,499	2	7
1911-12 ..	19,784	2,933	663	757	7	0	215	10	5	251	17	5	1,224	14	10
1912-13 ..	26,103	393	343	649	14	8	1,034	3	6	248	6	11	1,932	5	1
1913-14 ..	29,219	1,207	591	1,390	5	0	370	5	6	216	8	10	1,976	19	4
1914-15 ..	21,575	1,249	549	1,183	11	0	322	15	2	212	9	6	1,718	15	8
1915-16 ..	26,391	701	661	1,001	5	0	266	0	9	280	8	5	1,547	14	2

The payments made are as follows:—

One shilling for each successful case to the D.M.O. Three pence for every case brought out by the District constable. Twopence to the Registrar for every birth notified.

The above is the return for the last and some previous years.

The children of the Island are protected against small pox, but very little re-vaccination takes place, consequently one may say that the adult population are very poorly protected if at all.

14. *Yaws.*—Owing to the fact that the Vote on the Estimates for Yaws for the year 1915-16 was smaller by £1,800 than the Vote of the previous year and also owing to the fact that retrenchment of £200 took place on the Vote of £1,000 allowed on the Estimates for the year under review and owing to the fact that ordinary treatment was suspended as being an unsatisfactory method of treatment and expensive in the long run there has been less treatment for Yaws than in the years immediately previous.

The following are the returns sent in and it will be noticed that a very large percentage of cases treated by injection of the Arsenical compound, whatever its name may be, have had the symptoms cured. Several recurrences have occurred.

Return of cases of Yaws treated with Salvarsan in the several Public General Hospitals and Medical Districts during the year 1915-16.

	First Attacks.	Recurrent attacks.	General Yaws.	Crab Yaws.	Injection.			Cures.	Still under Treatment.
					Intravenous.	Intramuscular.	Per Rectum		
Hospitals—									
Morant Bay ..	16	—	14	2	—	16	—	16	—
Hordley ..	16	2	10	8	—	18	—	18	—
Port Antonio ..	46	5	41	10	1	24	26	36	15
Buff Bay ..	49	—	47	2	—	49	—	47	2
Annotto Bay ..	2	—	2	—	—	2	—	2	—
Port Maria ..	27	—	27	—	—	27	—	14	13
St. Ann's Bay ..	2	—	1	1	—	—	2	2	—
Cave Valley ..	1	—	1	—	—	1	—	1	—
Falmouth ..	7	—	6	1	—	6	1	5	2
Ulster Spring ..	9	—	6	3	—	1	8	8	1
Montego Bay ..	48	—	47	1	—	48	—	46	2
Lucea ..	2	—	—	2	—	2	—	2	—
Sav.-la-Mar ..	—	2	2	—	—	2	—	2	—
Black River ..	—	—	—	—	—	—	—	—	—
Mandeville ..	—	—	—	—	—	—	—	—	—
Chapelton ..	—	—	—	—	—	—	—	—	—
Lionel Town ..	1	—	1	—	—	1	—	1	—
Spanish Town ..	—	—	—	—	—	—	—	—	—
Linstead ..	43	3	39	7	—	46	—	43	3
	269	12	244	37	1	243	37	243	38
Districts—									
Old Harbour ..	50	1	37	14	—	51	—	51	—
Duncans ..	49	2	50	1	—	51	—	51	—
Ulster Spring ..	46	5	41	10	—	51	—	46	5
Balaclava ..	34	17	26	25	—	51	—	34	17
Montego Bay ..	45	—	44	1	—	45	—	42	3
May Pen ..	58	—	51	7	11	47	—	52	6
Linstead ..	43	6	32	17	—	49	—	19	30
	325	31	281	75	11	345	—	295	61
Totals ..	594	43	525	112	12	588	37	538	99

YAWS.

Adelphi.—No definite figures are available as to the number of cases in this district. It is steadily increasing.

Balaclava.—Exists throughout this district in large numbers. 51 cases have been treated with Kharsivan and Novarsenobenzol. Cannot state definitely the numbers of crab yaw cures as some have only had 2 or 3 weeks treatment; but in no instance has there been no benefit derived as far as one is able to judge. All the cases of the general variety are better.

Claremont—Not generally prevalent.

Cave Valley—Is still a prevalent disease throughout the district. Not to so great an extent as formerly.

Christiana—Yaws exists to a great extent all over the district. The D.M.O. has treated no cases.

Chapelton—Yaws exists through the district. 273 cases received treatment 233 recovered.

Crofts Hill—Is prevalent in the district, particularly around Top Hill and Point Hill.

Duncans—Much less. 51 cases treated and cured.

Falmouth—Is prevalent. Two cases were treated as Outpatients, and 5 Inpatients in Hospital. All were cured.

Lambs River—Used to be very prevalent, probably is at present.

Lionel Town—Only one case was met with, had symptoms cured by Salvarsan.

Linstead—Is prevalent in nearly every district. 143 cases have been treated, 68 have had symptoms cured.

Montego Bay—Is still prevalent. 48 cases were treated by Salvarsan. 28 cases were treated by the Castellani method. All had symptoms cured.

Mandeville—The D.M.O. states that Yaws does not exist to any great extent in the district. There are a few cases about Porus. The D.M.O. has treated 2 cases both had symptoms cured.

May Pen—Prevalent throughout the district and common at Whitney and Mocho. 58 cases were selected and treated by Kharsivan, of these 57 were cured. 75% of these were given only one injection. This new drug has in the Actg. D.M.O.'s. estimation fulfilled all the requirements.

Newport—There are many cases of Yaws at Harmons and a few scattered in other districts.

Old Harbour—Is still prevalent in the district. 51 cases have been treated by Salvarsan.

Gordon Town—Exists throughout the district; more so in Mavis Bank Section.

Gayle—Extraordinarily prevalent.

Grange Hill—Disease said to be fairly prevalent.

Hordley—Very common in all the districts. 38 cases were treated as Outpatients in the Hospital. They have not reported as to whether they were cured or not. 17 cases were treated with Salvarsan in the Hospital and in all of these symptoms disappeared in a week or two.

Hagley Gap—Exists to a great extent.

Lower St. Andrew—Very few cases treated—just a few seen at Union Poorhouse.

Lucea—Is prevalent in the outlying villages. All these cases have been treated and 14 have had symptoms cured at the Hospital.

Little London—Yaws is prevalent. There are as many cases now as before their treatment was commenced. This is due to a certain extent to the spasmodic way in which treatment is carried out and to the total cessation of treatment and to the fact that no segregation of any infected person has ever been enforced.

Port Royal—No cases of Yaws seen.

Richmond—As Yaws has not been treated as in former years the extent to which it exists in the district is unquestionable. It certainly appears to be sitll prevalent.

Stony Hill—Is still very prevalent in the district; particularly in the Mt. James, Red Hills, Brandon Hill and Mt. Charles Districts. The Acting D.M.O. has treated about 10 cases, 7 cured.

St. Ann's Bay—Exists in the district. 63 cases treated. Symptoms cured in 60 cases.

Sav.-la-Mar—Exists in the district as it has always done.

Spanish Town—Exists in some districts. Some cases apply at the Hospital for treatment.

Santa Cruz—Yaws does not prevail.

Ulster Spring—Was a prevalent disease during early part of the year. 9 cases treated in Hospital and 51 otherwise with Salvarsan.

15. *The Travelling Dispensary and Hospital.*—This Institution continued the good work that it had begun in the year 1914-15.

The following are the total results obtained:—

Yaws.

Total number of injections given	1,966
Total number of patients treated	1,498
Total number of patients receiving 1 injection	1,498
" " 2 "	408
" " 3 "	60

Results on closing of Travelling Dispensary.

Total number in which symptoms were cured	1,109
or 1127, including 18 who are counted twice owing to a recurrence of symptoms.	
Patients under treatment	385
Deaths (from other causes in people who were under treatment)	4
	1,498
Including the 18 who had two injections	18
	1,516

Of the 1,109 patients cured or 1,127 counting 18 who had to undergo a second treatment for recurrence of symptoms—

> 302 had symptoms cured by one injection of Neo Salvarsan; 706 had symptoms cured by one injection of Salvarsan; 112 had symptoms cured by two injections of Salvarsan; 7 had symptoms cured by three injections of Salvarsan.

In addition to the above 71 cases of Crab Yaws were treated of which 68 were cured with Salvarsan, and 3 were cured with Neo Salvarsan.

Travelling Hospital in connection with Dispensary.

Inpatient work done in the Hospital.

Admisions month by month.

	February.	March.	April.	May.
Anaemia	2	2	1	13
Hookworm infection	12	142	92	85
Yaws	64	29	11	—
Ascaris	2	1	9	6
Tubercle	—	1	—	—
Circulatory diseases	1	—	—	2
Ulcer of leg	—	1	3	—
Syphilis	—	1	—	—
Rheumatism	—	—	1	—
Urinary diseases	—	—	1	1
Respiratory diseases	—	—	2	—
Nil	—	..	1	1

Outpatients treated (leaving out Yaws).

	February.	March.	April.	May.
Anaemia	—	—	—	32
Hookworm infection	—	37	143	196
Malaria	—	1	—	1
Syphilis	—	—	2	—
	—	38	145	228

The Travelling Dispensary and Hospital continued its good work during the Financial year 1915-16 at Hazelymph the ground of which had very kindly been given free of charge by Mr. F. H. Delisser and many thanks are due to him and his Overseer Mr. Harris for the very kind way in which they rendered the Dispensary every aid and facility in their power; while to the Public Works Department many thanks are due for the assistance given in striking the tents and packing them up and taking care of the horse, mules, conveyances etc.

The Travelling Dispensary came to an end on June 12th, 1915 owing to the inability to obtain Salvarsan for use in the treatment of Yaws and no cases were admitted after that date.

As the manufacture of Salvarsan had been carried on in Germany before the war commenced, once the war had begun the supply of the drug quickly stopped and for a period none was obtainable. This brought about the closing down of the Travelling Dispensary.

Corresponding to the tickets given to those unable to pay fees who wish to attend the Outpatient room of a Hospital tickets were given by authorised persons to those unable to pay fees in order that they might obtain free attendance at the Travelling Dispensary. A copy is herewith attached.

This Ticket is only to be issued in cases where the persons recommended are unable to pay a fee for Medical Attendance.

TRAVELLING DISPENSARY,

..............................15

Medical Officer in charge of Travelling Dispensary

....................................is recommended for treatment at the Travelling Dispensary, suffering from...............................

....

A person authorised by the Governor
to grant recommendations.

16. *Return of Deaths.*

Parish.	Total deaths.	No. of Non. medically certified deaths.	Deaths under one year.	Deaths under five years.	Deaths registered from	
					Vomiting Sickness.	Enteric fever.
Kingston	1,514	253	425	558	3	47
St. Andrew	1,562	872	342	571	8	7
St. Thomas	1,022	759	241	443	3	6
Portland	1,279	955	329	547	—	15
St. Mary	1584	1,152	435	662	12	12
St. Ann	1,408	1,144	381	591	9	7
Trelawny	788	661	234	353	16	—
St. James	1,029	814	293	440	23	6
Hanover	922	765	289	429	—	2
Westmoreland	1,538	1,207	476	738	3	11
St. Elizabeth	1,521	1,339	521	740	19	4
Manchester	1,161	1,020	339	504	19	4
Clarendon	1,664	1,457	488	781	18	16
St. Catherine	2,285	1,741	631	971	1	13
Island	**19,277**	**14,139**	**5,424**	**8,328**	**134**	**150**

From the above which has been kindly given me by the Registrar General it will be seen that a very great proportion of deaths are not medically certified. This is a lamentable condition in an Island that boasts of having so much money spent on education and having such educational facilities.

As showing a possible cause for the neglect on the part of the so called educated public to call in medical practitioners in case of illness you will find a correspondence attached which may throw light on the matter.

The correspondence points to the existence of much unlicensed practice which should be prohibited and against which the unsuspecting public should be safeguarded by a change in the Law.

The correspondence is from the Registrar General with enclosures dated June 3rd, 1916.

But this is not an isolated case, one hears the same statements made all round the Island.

A lately deceased D.M.O. complained about it also. In other districts the same complaint is made.

Until unlicensed practice by Dispensers and others is stopped entirely and until the public is made to to understand that the Dispenser is a mere "dispenser of medicines" and nothing more, until then will the Island bear the disgrace of having such a huge non-medically certified death rate.

Who can say whether any or many of the persons who have died unattended by a Medical man have been poisoned or not?

Not only is unlicensed practice of medicine a danger to the public but it upsets the correctness of public records.

Registrar-General to Registrar of Births and Deaths, Moneague.

General Register Office, 19th May, 1916.

During the year, from 1st April, 1915, to 31st March, 1916, you registered 68 deaths of which 6 were medically certified, the remaining 62 being uncertified. This gives a rate of 91 per cent. uncertified in this destrict. This is far too high, especially at Claremont, a matter of 8 miles or so away. Are you taking care in every death registration to strictly observe the requirements of paragraph 2 (a) of circular 2340 of 31st August, 1894 and the latter half of paragraph 12 of circular 4747 of 28th December, 1904, in regard to enquiries for medical certificates?

A. R. Suares,
Assistant Registrar General.

Registrar Moneague district to Registrar General.

Moneague, 26th May, 1916.

Registrar General, Spanish Town.

Sir,

In reply to your memo. 3289/16, dated the 19th inst., I beg to say that I have always noticed the paragraphs quoted by you, but I am of the opinion that the reason why more deaths are not medically certified is that the most of the people here instead of going to the regular Dr. they are always going to the dispensers, especially with their children, and whenever I make the necessary enquiry I get the same answer that they have been to Dr. so and so, who is always a dispenser, even in several cases of adults.

T. E. Rose,
Registrar.

17. *Treatment of Venereal Diseases.*—During the meeting of the Legislative Council in March it was decided to establish Wards for the treatment of Venereal diseases in Kingston and a sum of £2,500 was voted for that purpose.

Full details had not been worked out at the time that the money was voted.

The Royal Commission that recently reported on Venereal Diseases in England recommended that existing Institutions should be encouraged to make special provision for the treatment of Venereal disease by providing sufficient beds for the urgent cases and outdoor clinics for the others, while it is urged that evening clinics should be established to facilitate the attendance of the working classes.

The said Commission is against the formation of special clinics for the treatment of Venereal Diseases on the ground that a separation of patients would militate against resort to the clinics: such clinics should be attached to and form part of the ordinary hospital accommodation of the country.

The said Commission recommended that all treatment at clinics should be free so as to combat the evil of unqualified treatment at the hands of Chemists, Herbalists and "quack" specialists.

The Commissioners' report also urges that the recommendations of the Select Committee on Patent Medicines regarding the prohibition of all advertisements of remedies for Venereal diseases should be put in force.

As a matter of fact it seems only Common sense that General Hospitals should each have their separate wards for Venereal diseases because if people have to attend special Hospitals when suffering from Venereal diseases they become marked persons if seen entering or coming out of such an Hospital and a certain stigma attaches to them by reason of their having been seen having anything to do with such an Institution.

In this age of pharisaism it is apparently a terrible thing to be found out when having got into trouble.

Personally I am in favour of a good "Contagious Diseases Act" as it is difficult to understand how one is going to ensure the attendance for treatment of persons of the lower classes suffering from Venereal diseases who make their living as harlots unless one can use some form of Compulsion and enforce treatment and not only treatment but treatment until "cure" has been effected.

Below are appended the opinions of the various District Medical Officers with regard to the prevalence of Venereal diseases in their respective districts.

SYPHILIS.

Adelphi—Only a few old Tertiary cases seen.

Buff Bay—Prevalent. Generally met with in the Tertiary stage and noticeable among young people. Is on the increase.

Balaclava—About the same as usual. Generally met with about the 3rd and 5th months after infection. Noticeable in young people. Certainly not on the decrease.

Black River—Prevalent. Generally met in the Tertiary stage. Mostly among middle aged people.

Claremont—Is prevalent a good deal among the young people: and of various types.

Cave Valley—Very prevalent. Seen in all its stages. The D.M.O. has recorded 210 cases treated in private practice. Many miscarriages are due to it. Many young people are affected. The disease is distinctly on the increase.

Christiana—Prevalent. Seen in all stages and in all ages and is on the increase.

Chapelton—Seems to show no increase. The disease is oftenest seen in its Congenital or Tertiary manisfestations.

Crofts Hill—Exists to a fairly large extent and probably accounts for a good many miscarriages. Generally seen in the Tertiary stage, although in the secondary stage to some extent. Is noticeable among young people. Cannot say if it is on the increase.

Duncans—Not as common as some years ago but still prevalent. Accountable for many cases of miscarriage. Met with in all stages. The primary and secondary stages seen chiefly in young people. The rather extraordinary fact about Syphilis is that women so seldom consult Doctors for the primary or secondary stages of the disease. Not on the increase as far as can be judged.

Falmouth—Is prevalent. Generally met with in the Tertiary stage. Noticeable among young people. Not probably on the increase.

Gordon Town—A few cases in the Tertiary stages.

Gayle—Fairly prevalent. Generally seen in the Tertiary stage. Noticeable among young people: probably not on the increase.

Grange Hill—Is prevalent. Seen in the Tertiary stage also when congenital.

Hagley Gap—Fairly prevalent. Generally seen in the Tertiary stage. A few cases in young people. Unable to say whether it is on the increase.

Hordley—Prevalent. Noticeable among young people. Syphilis in this district is generally seen in the secondary or tertiary stages, the initial symptoms in Jamaica being so mild that they often escape notice and are rarely treated. Both Syphilis and Gonorrhoea appear to be on the increase but this is not surprising as the popular belief is that everyone at some period of his life should have Venereal disease. Both diseases have been noticeable among young people.

Hope Bay—Prevalent. Generally seen in the tertiary stage. Noticeable among young people. Cannot say if it is on the increase or not.

Lower St. Andrew—Is prevalent. Several miscarriages have taken place which appear to be due to Syphilis. Is seen among young people. Cannot say if it is on the increase.

Lucea—Is prevalent. Generally met with in the Primary stage. Noticeable among young people. On the increase.

Little London—Is not a common Complaint in this district. Not on the increase.

Lamb's River—Syphilis and Gonorrhoea exist in the district, Gonorrhoea is more prevalent than Syphilis, and soft Chancre more prevalent than Syphilis. They are both increasing, and often are accompanied by complications. The diseases are mostly met with among the young people, while the older people show the sequelae which follow Gonorrhoea in later years of their life. They rarely come for treatment in the acute stage, but more often when complications set in.

Lionel Town—All stages are met with. Recently a boy who had been connected with a Bakery was found to be suffering from Tertiary Syphilis. The Actg. D.M.O. thinks it is on the increase among young and old people.

Linstead—Prevalent. Seen in all stages. Noticeable among young people. On the increase.

Morant Bay—Very prevalent. It is seen in the Tertiary stage nearly always, and its hereditary effects are very evident among young people.

Montego Bay—Very prevalent. Two miscarriages known to have occurred due to this disease. Generally seen in the Secondary or Tertiary stages. Very noticeable among young people. Is on the increase.

Mandeville—Very prevalent. Generally seen in the Secondary or Tertiary stages. Common in children increasing rapidly.

May Pen—Very prevalent. Met with in the Tertiary stage in both young and old people. The Actg. D.M.O. thinks the disease is on the increase.

Newport—Prevalent this year in almost all its forms among the poorer class.

Old Harbour—Very prevalent in this district, especially in the Congenital form. All stages of the disease are frequently met with which does not appear to be greatly on the increase.

Port Royal—No cases seen among the civil population although it probably exists.

Richmond—The D.M.O. has no data as regards the likely increase. The disease is certainly prevalent and usually seen in the Secondary and Tertiary stages in young adults and others.

Stony Hill—Not very prevalent. Few miscarriages seen due to Syphilis. Generally met in the secondary or tertiary stage. Not much noticed among young people. Not on the increase..

St. Ann's Bay—Prevalent. Causes miscarriages. Usually seen in the Tertiary stage, Among young people. Appears to be on the increase.

Sav.-la-Mar—Is prevalent in all its stages. Cannot say whether it is on the increase.

Santa Cruz—Not unusually prevalent. Met with in all stages and all ages. Probably not on the increase.

Ulster Spring—Syphilis has been more prevalent in this district than in other years. During the last few months the D.M.O. has seen many primary sores. Formerly they presented themselves for treatment with Tertiary symptoms only but lately primary and secondary symptoms are as often seen as tertiary. The disease is accountable for many miscarriages. The patients with primary and secondary symptoms were young.

GONORRHOEA.

Adelphi—Very prevalent, accompanied by complications. Cannot say if it is on the increase.

Buff Bay—Prevalent; accompanied by complications. Is on the increase.

Black River—Prevalent; frequently accompanied by complications. Probably not on the increase.

Balaclava—Prevalent; accompanied by complications. Cannot say if it is on the increase, but it is certainly not on the decrease.

Cave Valley—Gonorrhoea frequently accompanied by complications, also is very prevalent. The D.M.O. has notes of 231 cases of this disease treated in private practice during the year.

Claremont—Prevalent.

Christiana—Most prevalent; accompanied by all sorts of complications. Very much on the increase.

Chapelton—Is not more commonly seen than Syphilis. With regard to Venereal diseases, persons only apply for treatment when complications arise and the statement contained in the report of Lord Sydenham's Royal Commission on sexual diseases, that "the continued existence of unqualified practice constitutes one of the principal hindrances to the eradication of the disease applies with full force to conditions as they exist in this Island.

Crofts Hill—Believed to be prevalent. The ignorance displayed by the peasantry regarding the disease is amazing. Such a case as one of Anterior Urethritis due to the Gonoccocus is never treated by a Medical man, such a condition being looked upon as due to a strain or a little extra hard work and almost regarded as a natural outcome of such. Only when a severe posterior Urethritis, often with complications such as Epididymitis Prostatitis or Cystitis occur is medical aid sought.

The D.M.O. does not think the above complications occur in more than 30 or 40 per cent. of cases of Gonorrhoea but he would estimate that 90 per cent. of the peasants get an attack sooner or later and where this is represented by an Anterior Urethritis or not a very severe and uncomplicated Posterior Urethritis they treat themselves by means of bush drinks.

In the case of women the Gonoccocus is believed to account for nearly all the cases of Cystitis met with. The D.M.O. does not think it is on the increase.

Duncans—Most prevalent of all diseases amongst the young men of the labouring classes and also very prevalent in all classes. Very often accompanied with Orchitis and many cases of Gonorrhoeal Rheumatism are seen of a most intractable form. Gonorrhoeal Conjunctivitis and Keratitis also occurs. Lately appears to be increasing.

Falmouth.—Prevalent, accompanied by complications. Is on the increase.

Gordon Town—6 Gonorrhoeal cases applied for treatment; all had complications. The people never seek treatment in this disease till some form of complication sets in.

Gayle—Extremely prevalent. Accompanied by Orchitis, Epididymitis, Soft Chancre, etc. Is on the increase. During the examination of recruits for the Contingent the alarming number of young adults otherwise physically fit showed up. In some parts nearly 50 per cent. to 75 per cent. of apparently healthy young men are affected.

Grange Hill—Fairly prevalent. Complications are usually Cystitis and Epididymitis.

Hope Bay—Prevalent. Accompanied by Endometritis (female) and Adenitis (Male). Appears to be on the increase. Quite a few cases were seen during the months of September and October while repair work on the Railway Line was in progress.

Lower St. Andrew—Is very prevalent. Many of its complications are met with frequently. The Acting D.M.O. does not know if it is on the increase.

Lucea—Is prevalent and frequently accompanied by complications. It is undoubtedly on the increase.

Little London—Is not a common complaint. Does not consider it is on the increase.

Lionel Town—Is prevalent and in most of the instances is accompanied by complicatioms. It has been common among males and females of tender years. The majority are not keen on treatment. Is greatly increasing.

Linstead—Prevalent, accompanied by complications. Is on the increase. At some of the Recruiting meetings every other man who presented himself for examination had Gonorrhoea or its complications and what is worse some did not know that they were so infected.

Morant Bay—Gonorrhoea is a very common disease and complications of all kinds are frequently seen. Curiously enough it is regarded by the peasantry as an inevitable sort of ailment and tends in some sort of way to round off their existence. The D.M.O. has heard an elderly man dying of Kidney disease, speculate as to whether his sufferings were not the result of his never having had the gentleman's complaint in his youth!

Montego Bay—Very prevalent; frequently accompanied by complications—more so this year than ever. Decidedly on the increase.

Mandeville—Is prevalent. A frequent cause of stricture and extravasation of urine, sometimes fatal. Is on the increase.

May Pen—Gonorrhoea is prevalent and frequently accompanied with complications. Is on the increase.

Newport—Several cases of Gonorrhoeal disease have been treated. It appears to be on the increase.

Old Harbour—Gonorrhoea and its Sequelae are common but this affection does not seem to be markedly increasing.

Port Royal—No cases of Gonorrhoea treated.

Richmond—Is very prevalent. This fact has been more particularly impressed upon the D.M.O. since examining recruits for the Jamaica War Contingennt. This disease has been the principal cause for rejection as "temporarily unfit" and it has been often surprising to find men suffering from Gonorrhoea who apparently did not know they were infected. Orchitis is the principal complication of the disease met with and often it is the advent of this complication that causes the sufferer to apply for treatment—Gon. Arthritis is occasionally seen but it is apparent that the large majority of cases develop no complications.

Stony Hill—Fairly prevalent. Frequently followed by stricture. It is not on the increase.

St. Ann's Bay—Prevalent, accompanied by complications. Is on the increase.

Santa Cruz—Is prevalent. Accompanied by complications. Thinks it is on the increase.

Sav.-la-Mar—Gonorrhoea is common and is often accompanied by Gonorrhoeal rheumatism and inflammation of ovaries and tubes.

Ulster Spring—Gonorrhoea is prevalent at all times. The D.M.O. only sees cases because of complications for it is the prevailing idea that it is a natural course of things from which all must suffer and not one to be cured quickly if at all. The women pay for this ignorant opinion with intense suffering. They most often come under treatment for Salpingitis and Ovaritis. These complications do not appear to so materially impair their fecundity as would be expected. The children suffer principally from Ophthalmia.

18. *Hookworm Infection*—Stools examined locally at the Public General Hospitals, for Hookworm.

Hospitals.	No. examined. Coolies.	No. examined. Creoles.	No. found infected. Coolies.	No. found infected. Creoles.
Morant Bay ..	55	6	18	2
Hordley ..	3	6	3	3
Port Antonio ..	37	232	24	203
Buff Bay ..	—	—	—	—
Annotto Bay ..	378	40	329	34
Port Maria ..	10	—	10	—
St. Ann's Bay ..	—	—	—	—
Cave Valley ..	—	166	—	107
Falmouth ..	—	—	—	—
Ulster Spring ..	—	64	—	29
Lucea ..	1	66	1	66
Montego Bay ..	58	12	15	4
Sav.-la-Mar ..	799	8	600	8
Black River ..	—	—	—	—
Mandeville ..	—	—	—	—
Chapelton ..	—	—	—	—
Lionel Town ..	—	—	—	—
Spanish Town ..	353	91	207	66
Linstead ..	3	1	2	1
	1,697	526	1,375	523

Examination by Government Pathologist—Stools sent up from Hospitals for examination for Hookworm:—

Hospitals.	No. examined. Coolies.	No. examined. Creoles.	No. found infected. Coolies.	No. found infected. Creoles.
Morant Bay ..	—	—	—	—
Hordley ..	134	57	110	34
Port Antonio ..	—	—	—	—
Buff Bay ..	195	27	175	20
Annotto Bay ..	630	39	546	33
Port Maria ..	389	2	374	1
St. Ann's Bay ..	4	334	4	170
Cave Valley ..	—	—	—	—
Falmouth ..	5	182	3	113
Ulster Spring ..	—	—	—	—
Lucea ..	8	112	7	94
Montego Bay ..	30	30	13	15
Sav.-la-Mar ..	—	—	—	—
Black River ..	35	203	17	86
Mandeville ..	—	203	—	146
Chapelton ..	—	114	—	78
Lionel Town ..	291	143	113	42
Spanish Town	301	125	256	90
Linstead ..	26	202	19	158
	2,048	1,773	1,637	1,080

Examination of Stools at the Spanish Town Prison.

Total cases examined	2,120
Infected	1,387

~~The examination at Spanish Town Prison is naked eye examination. Were a microscope uesd in each case the percentage of infection would naturally be much higher.~~

Report by Dr. Grabham on Hookworm infection at the General Penitentiary.

Penitentiary, May 2nd, 1916.

Hon. S.M.O.,

142 prisoners were treated at the Penitentiary for Hookworm during the year ended March 31st, 1916. Of this number 88, or nearly 70 per cent. were infected.

With this you might publish my statement on 28 cases treated with oil of Chenopodium obtained from Messrs. Parke Davis & Co.

M. Grabham.

Hon. S.M.O.

I enclose a table shewing results of administration to prisoners of Parke Davis' sample of Chenopodii received from you in November, 1915. The number of capsules was sufficient for 31 adults, but three cases proved entirely negative with both thymol and the oil.

The small number of cases treated does not permit of a definite statement regarding the comparative vermifugal energy of the two drugs. Other observers have based their results on hundreds of cases; the table nevertheless clearly demonstrates that the oil is exceedingly powerful against both hookworm and the large ascaris. No ill effects after dosing were observed in any case.

M. Grabham.
3.1.16.

Prisoners treated at the Penitentiary for Hookworm.

No.	Name.	Late Residence.	Placed on Low Diet.	Thymol 60 gr. in 2 Doses.	No. of Hookworms passed.	Chenapodium 50 minims in 3 Doses.	No. of Hookworms passed.	Remarks.
1	V.C.	Spanish Town P.O. ...	18.11.15	21.11.15	2	24.11.15	1	Many large round worms after Ol. Chenopodi only.
2	H.B.	Mandeville P.O. ...	20.11.15	23.11.15	3	27.11.15	1	Ditto
3	J.P.	Water Valley, Albany P.O. ..	21.11.15	24.11.15	10	28.11.15	7	
4	S.P.	Mount Zion, Malvern P.O. ...	21.11.15	24.11.15	6	28.11.15	...	Ditto
5	R.W.	Manchioneal, Portland ...	21.11.15	24.11.15	18	28.11.15	1	Ditto
6	N.M.	Georges Valley, Manchester ...	25.11.15	28.11.15	2	2.12.15	...	
7	R.F.	Vere, Clarendon ...	27.11.15	30.11.15	4	4.12.15	...	
8	H.J.	Jeffries Town, St. Mary ...	28.11.15	3.12.15	57	5.12.15	6	
9	C.D.	Santa Cruz, St. Elizabeth ...	30.11.15	3.12.15	101	5.12.15	..	
10	T.D.	Carmel, St. Mary ...	30.11.15	3.12.15	30	5.12.15	..	
11	J.W.	Port Maria ...	2.12.15	7.12.15	18	9.12.15	...	
12	D.S.	Hampstead, St. Mary ...	2.12.15	7.12.15	16	9.12.15	...	
13	J.S.	Bloomfield, Portland ...	2 12.15	7.12.15	30	9.12.15	...	Many large round worms after both Ol. Chenopodi and Thymol.
14	D.J.	Ricketts River, Westmoreland	4.12.15	8.12.15	68	11.12.15	1	Many large round worms after Ol. Chenopodi only.
15	A.W.	Mt. Stewart do ...	7.12.15	11.12.15	13	15.12.15	1	Ditto
				Chenepodium 50 minims in 3 doses.		Thymols 60 gr. in 2 doses.		
1	H D.	Stewart Field, St. Thomas ...	12.12.15	15.12.15	8	18.12.15	1	
2	C.W.	Belmore Castle, St. Elizabeth ..	18.12.15	21.12.15	9	24.12.15	...	Ditto
3	J.W.	Letitz do ..	18.12.15	21.12.15	1	24.12.15	...	Ditto
4	J.E.	Christiana, Manchester ..	21.12.15	26.12.15	17	29.12.15	...	Ditto
5	J.S.	Hallside, Trelawny ..	21.12.15	26.12.15	63	29.12.15	...	Ditto
6	R.C.	Mount Pleasant, Malvern ..	21.12.15	26.12.15	157	29.12.15	2	
7	N.R.	Alley, Clarendon ..	22.12.15	27.13.15	97	30.12.15	...	
8	H.M.	Frankfield do ..	22.12.15	27.12.15	15	30.12.15	...	
9	W.M.	Wallingford, St. Mary ..	23.12.15	27.12.15	427	30.12.15	...	Ditto
10	S.B.	Barratt Hall, St. Ann ..	23.12.15	27.12.15	134	30.12.15	...	Ditto
11	J.G.	Black River .	23.12.15	27.12.15	13	30.12.15	...	Many large round worms after both Ol. Chenopodi and Thymol.
12	J.B.	Pindas Valley, Clarendon ..	28.12.15	30.12.15	29	2.1.16	...	
13	J.E.	Santa Cruz, St. Elizabeth ..	28.12.15	30.12.15	75	2.1.16	...	

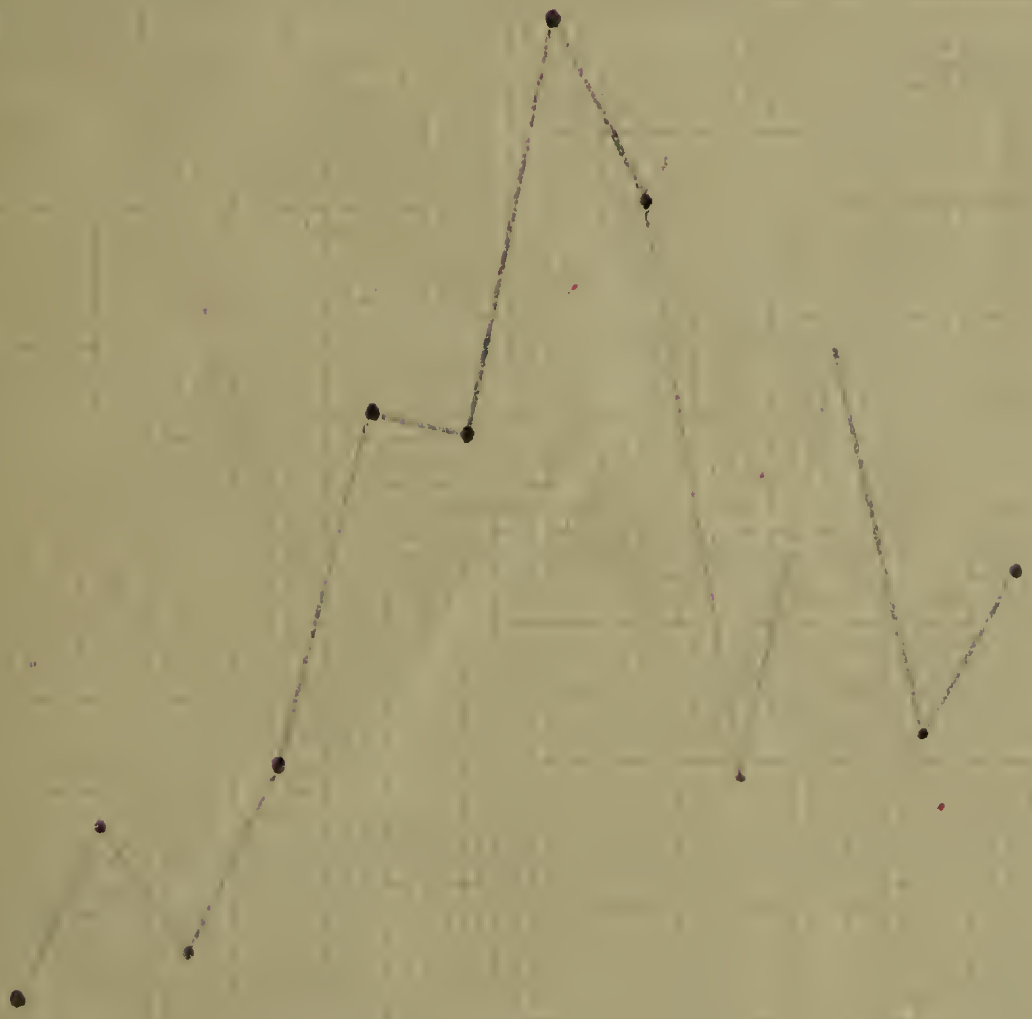
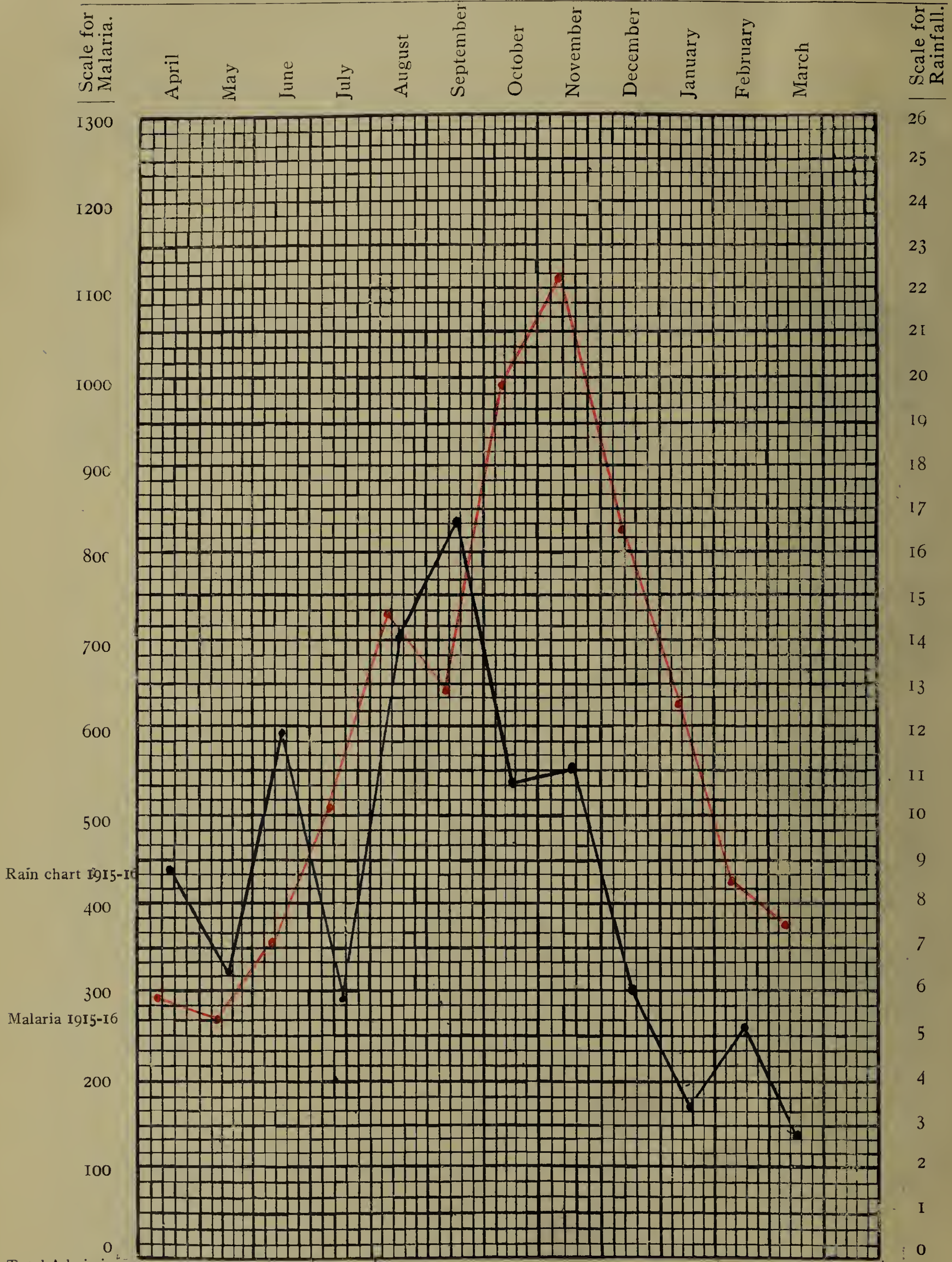


Chart showing the monthly number of admissions to the Public Hospitals in Jamaica for Malaria as well as the monthly Rainfall during the Financial year, 1915-1916.



Total Admissions 1915-16	292	264	354	509	725	637	997	1114	824	623	425	374	Total	7138
Mean Rainfall ...	8.77	6.44	11.90	5.82	14.10	16.68	10.73	11.01	6.05	3.51	5.24	2.73		
Average Rainfall	4.68	9.33	8.22	5.23	6.89	7.91	10.74	7.44	5.48	3.90	3.07	3.34		
Total Admissions, 1914-15	313	285	358	483	525	610	831	856	871	822	598	423	Total	6975

Hurricane August 12th and 13th 1915.
Storm September 24th and 25th 1915.

No coolies arrived during the year 1915-16 consequently the admissions to Hospital are not as numerous as they would have been had a large number of unacclimatised Indian Immigrants been thrown into the more rainy and low lying districts.

Number of cases thymolised at the various Hospitals.

Hospitals.		Creoles.	Coolies.	Outpatient .	Total.
Morant Bay	.. ..	6	108	..	114
Hordley	.. ..	40	869	27	936
Port Antonio	.. ..	125	317	64	506
Buff Bay	.. ..	20	347	—	367
Annotto Bay	.. ..	33	550	—	583
Port Maria	.. ..	2	474	2	478
St. Ann's Bay	.. ..	99	2	5	106
Cave Valley	.. ..	17	—	12	29
Falmouth	.. ..	76	2	—	78
Ulster Spring	.. ..	40	—	2	42
Montego Bay	.. ..	42	88	—	130
Lucea	.. ..	114	2	—	116
Sav-la-Mar	.. ..	8	799	—	807
Black River	.. ..	201	35	3	239
Mandeville	.. ..	120	—	6	126
Chapelton	.. ..	38	—	—	38
Lionel Town	.. ..	313	324	9	646
Spanish Town	.. ..	94	327	—	421
Linstead	.. ..	155	19	6	180
		1,543	4,263	136	5,942

43 Indentured Immigrants were thymolised on the Estates in Richmond, 60 in Montego Bay and 20 in Black River during the year.

19. Admissions to the various Hospitals month by month for Malaria.

Hospitals.	April.	May.	June.	July.	August.	September.	October.	November.	December.	January.	February.	March.	Total.
Morant Bay ..	8	10	6	20	19	15	12	14	14	13	9	11	151
Hordley	32	17	31	43	50	56	41	66	21	36	25	24	442
Port Antonio	50	37	25	32	62	62	105	116	101	76	46	31	743
Buff Bay	15	16	20	29	36	55	150	112	68	27	36	32	596
Annotto Bay	47	48	58	71	99	137	228	239	192	118	77	74	1,388
Port Maria ..	16	15	17	13	10	23	26	45	33	35	19	16	268
St. Ann's Bay	2	6	8	9	8	13	22	31	23	21	5	2	150
Cave Valley	..	..	..	..	..	..	..	..	..	..	..	..	..
Falmouth	8	6	11	9	8	3	9	2	7	6	3	1	73
Ulster Spring	..	..	..	..	..	1	1	..	..	1	..	..	3
Montego Bay	20	14	17	10	25	13	35	39	40	20	18	13	264
Lucea ..	3	3	9	14	3	6	10	24	14	8	8	7	109
Sav.-la-Mar	43	46	77	122	225	156	199	201	112	93	79	78	1,431
Black River	4	4	6	6	9	11	14	17	21	22	11	7	132
Mandeville	..	..	..	..	..	..	..	2	1	1	..	..	4
Chapelton	3	3	1	3	2	3	2	4	1	4	1	..	27
Lionel Town	18	28	45	79	103	45	57	100	67	63	40	39	684
Spanish Town	20	10	18	29	30	19	34	52	47	22	18	24	323
Linstead	..	1	1	1	2	2	4	4	2	2	..	1	20
Kingston	3	..	4	19	34	17	48	46	60	55	30	14	330
	292	264	354	509	725	637	997	1,114	824	623	425	374	7,138

20. *Quinine Distribution.*—Return showing the amount of quinine supplied from 1st April, 1915 to to 31st March, 1916.

	No. of 5 gr. doses.		lbs.
Police for own use	67,375	=	48
Police for sale	8,000	=	5¾
Post Offices for Sale—Packets of 5 gr. doses	..		438,100
" " " 3 gr. ..	..		6,900
" " " 2 gr. ..	..		3,700
" " " 1 ..	..		1,300
Total	..		450,000

Estate doses of 5 grs. ..	147,700	=	105½ lbs.
Parochial Boards 5 grs. ..	7,065	=	5 "
Hospitals and Asylums 5 grs.. ..	35,175	=	25 "

Total receipts minus Police and Departments—£539 1s. 4d.

Hospitals and Asylums, Quinine Suplh.	179 lbs. 12 ozs.
Parochial Boards, Quinine Sulph.	13 " 14 "

Inasmuch as the price of quinine has gone up so much the question arose as to whether the price of the packets of quinine which are sold at the Post Offices should also be increased. It was decided, however, that inasmuch as the quinine sold at the Post Offices was really intended for the poorer classes and inasmuch as people had become accustomed to pay one farthing for a five grain dose or one penny for four five grain doses any rise in price might interfere with the sale of the drug and consequently with the benefit that it is intended should be conferred on those who suffer from Malaria. The quinine is consequently being sold at the usual prices at the Post Offices and the Government stands the temporary loss during the War.

Manning Home Report.

Black River, April 1916.

Hon. Dr. J. E. Ker, S.M.O.,

Sir,

I beg to present to you my report of the Manning Home for period extending from 1st April, 1915 to 31st March, 1916.

There were 201 cases treated as follows:—

Congenital Syphilis	30
Ulcers	22
Abscesses	12
Intestinal disorders	36
Influenza	97
Dental affections	4
	201

The system of keeping stock medicines for simple ailments which may be administered as the occasion arises is continued.

The health of the children is greatly improved, even those who suffered from congenital syphilis have grown fat and seemed to have thriven on antisyphilitic treatment.

As I have previously mentioned those cases reported as Pellagra were nothing more or less than manifestations of Congenital Syphilis.

There is still the necessity of supplying warm clothing to guard against a possible cold spell.

It is marvellous to note the physical change that has taken place in the underfed and emaciated children who were admitted in 1913-14.

Flyproof closets (bucket system) have been introduced.

A full and ample supply of wholesome water is in close proximity to the Home.

The Staff in attendance continue to give general satisfaction.

I am pleased to state that there have been no deaths since the inception of the Institution.

I have, etc.,

R. M. Stimpson,

Medical Officer in Charge.

---

22. *New Works*, 1915-16.—Port Antonio—Erection of a seawall.

Buff Bay—Erection of concrete steps to latrines of Isolation wards.

Annotto Bay—Erection of a Breakwater along the seashore, erection of pipes in the mortuary.

Port Maria—Erection of iron water tank. Erection of concrete drains at back of Matron's quarters, kitchen and laundry.

Linstead—Erection of a concrete basin under the kitchen pipe.

Morant Bay, Hordley, St. Ann's Bay, Cave Valley, Falmouth, Ulster Spring, Montego Bay, Lucea, Sav.-la-Mar, Black River, Mandeville, Chapelton, Lionel Town, Spanish Town and Lepers Home—No new works.

23. *Absence of Isolation Wards.*—In some of the Public Hospitals, Annotto Bay for instance, the Isolation of Infective cases is difficult.

Cases of Phthisis have to be sent from Annotto Bay to Buff Bay Hospital where there is an Isolation ward, although the journey by train is a decided drawback.

Other hospitals are in the same unfortunate position and it is hoped that when finance allows these drawbacks may be remedied.

24. *Hospital Staffs.*—It has been recognised for a long time past that some of the large hospitals are very much understaffed in so far as Medical service is concerned, there being far too many cases for one Medical Officer to treat properly, when one takes into consideration that his salary is small and that he has to live on outside practice.

25. Out-patient Departments connected with the Hospitals. The returns from the various hospitals are as follows.

Hospitals.	1914-15. No. seen.	1915-16. No. seen.
Morant Bay	658	687
Hordley	193	707
Port Antonio	1,809	1,831
Buff Bay	889	909
Annotto Bay	206	12
Port Maria	582	660
St. Ann's Bay	674	780
Cave Valley	17	47
Falmouth	551	522
Ulster Spring	19	86
Montego Bay	3,040	2,572
Lucea	1,117	2,013
Sav.-la-Mar	30	187
Black River	1,099	1,164
Mandeville	291	344
Chapelton	751	428
Lionel Town	623	313
Spanish Town	2,029	2,744
Linstead	1,983	761
	16,561	16,767

26. Return showing the number of patients treated under the Ticket System.

Parish.	1s.	2s.	3s.
Kingston ..	493	134	1
St. Andrew ..	..	26	1
St. Thomas ..	..	7	1
Portland ..	1	58	..
St. Mary ..	2	73	1
St. Ann ..	..	51	..
Trelawny ..	..	6	..
St. James ..	..	7	..
Hanover ..	4	..	..
Westmoreland ..	..	8	2
St. Elizabeth ..	..	4	..
Manchester ..	..	25	..
Clarendon ..	..	7	1
St. Catherine ..	..	4	..
	500	410	7

27. District Patients seen. The returns are as follows for the present and the 2 previous years:—

	1913-14.	1914-15.	1915-16.
Constables ..	2,520	2,687	2,794
Prisoners ..	4,898	5,394	5,222
Paupers	10,918	6,152	8,767
Immigrants ..	23,346	24,809	16,261
Parochial Midwifery cases	122	116	124
Casual Paupers ..	9,231	9,896	7,880
Coolie midwifery cases	31	17	19
	51,066	49,071	41,067

28. *New Law.*—Owing to the fact that the duty of examining Blood stains, seminal stains, etc., in Medico-legal cases has been transferred from the Island Chemist to the Pathologist of the Medical Department it was found advisable to amend Law 7 of 1902 "The Island Chemists Certificate Law" so that the Pathologist should if possible, in order not to have to waste his time away from Kingston, be excused attending Preliminary Investigations by a Magistrate.

Section 2 of the new Law 31 of 1916 thus reads as follows:—

"The following section shall be added as Section 3 of the Island Chemists Certificate Law 1902:—

3. In this Law the expression "Island Chemist" includes Deputy Island Chemist and Government "Pathologist."

The above change in the Law, however, has emphasized the necessity for always having an Assistant to the Pathologist as owing to Dr. Scott's absence on War Service the Laboratory has been left on some occasions for some days at a time without either Pathologist, owing to the fact that Dr. Catto the Assistant Pathologist has been away in the Country giving evidence in Court. During the continuance of the War one is quite ready to put up with all sorts of inconveniences, but in normal times there should always be one Pathologist in the Laboratory as the second may require to be away giving evidence in Court or making investigations.

29. During the year 1915-16 no new bedsteads or cots were supplied to the Public General Hospitals.

30. *General Sanitation.* (Synopsis of Reports.—)

Buff Bay.—Waste Matter—Is removed by carts to a dumping ground.

Latrines—Pit Closets where any latrine system exists.

Drainage—There are open concrete gutters throughout the village.

Overcrowding—There are instances of overcrowding probably due to poverty or custom.

Yards and Compounds—It is the Duty of the Medical Officer of Health and Sanitary Inspector to see that the yards and compounds are kept in a sanitary condition.

Mosquito breeding—No measures taken this year as far as is known to remove breeding places of mosquitoes.

Sanitary Improvements—No sanitary improvements known of in the district.

No case of Ackee poisoning during the year.

Black River.—Waste Matter—Is dumped into the sea, the houses where not situated on the beach side, use the bucket system.

Overcrowding—Exists to a great extent in Black River, the condition of yards and houses needing much improvement.

The Medical Officer of Health has completely succeeded in getting the vendors of cakes, etc., to keep these eatables in gauze wire or glass case.

Balaclava.—Waste Matter—These conditions remain as they were.

Latrines—All kinds of latrines are in use with the exception of Septic tanks, but these are under the supervision of the M.O.H. for St. Elizabeth.

Drainage—Purely surface.

Overcrowding—Present everywhere.

Compounds and yards—These conditions are under the supervision of the M.O.H for St. Elizabeth.

Sanitary Improvements—None known of.

Hookworm infection—No systematic treatment of Hookworm in this district.

Cave Valley.—Waste Matter—In Brown's Town this is usually removed at regular intervals and deposited in vacant lots, night soil is buried on the premises.

Latrines—Brown's Town and smaller villages have the surface closet or shallow pit open, none are properly protected.

Drainage—Surface entirely.

Overcrowding—Not to any great extent in villages but exists generally in smaller dwellings throughout the district.

Compounds and yards—Are kept cleaner.

Mosquito breeding—There are breeding places of mosquitoes at Cave Valley (a large pond never properly cleaned) and along the river course in gullies filled by the overflowing river.

Sanitary Improvements—Increased vigilance on the part of the M.O.H. and Sanitary Inspectors is the only thing to be mentioned.

Hookworm infection—3 persons attended, one death. The D.M.O. has treated 107 persons known to be infected with Hookworm during the year. These cases rapidly improve when treated with B. Naphthol & Iron. He is now trying Quassia as recommended.

Claremont.—Waste Matter—Is burnt or dumped into old marl pits.

Latrines—Pit closets are being more generally used but in some parts these are not suitable and earth closets are more used than formerly, in some places the surface closets are still used.

Overcrowding—Exists.

Yards and compounds—Are better kept.

Hookworm infection—Three cases have been treated.

Chapelton.—Waste Matter—Remains the same.

Crofts Hill.—Waste Matter—Disposed of on the lands adjacent to the yards of the houses.

In the few cases where the bucket system is used the night soil is buried in these adjacent lands. No dumping grounds exist.

Latrines—A few of the surface variety are to be found in the villages. A few of the better class residents use the bucket system and the others use the surface system.

Drainage—Is entirely surface.

Overcrowding—Exists to a great extent among the peasantry.

Compounds and yards—In the majority of cases clean and tidy.

Mosquito breeding places—Have not called for any attention.

Sanitary Improvements—None by Local Board of Health. Some portion of a bit of swamp land has been drained by private enterprise.

Hookworm infection—None.

Duncans.—Waste Matter—No provision made for the disposal of waste matter. No dumping grounds.

Latrines—A few yards have these in the villages. Pit as a rule. Some have surface system.

Drainage—There is no special arrangement made for this.

Overcrowding—Exists in the villages to a great extent.

Yards and Compounds—Great improvement slowly showing itself here.

Mosquito breeding places—Steps being taken to destroy these by filling up water holes, keeping yards free of broken bottles, water, etc.

Sanitary Improvements—None of any importance.

Falmouth.—Waste Matter—Is disposed of by using it for filling up a Pond to the North west of the town, other waste matter in other parts of the district is generally burnt. Night soil is removed from the privies of the town and dumped into the sea. Dumping ground exists to the North West of Falmouth where street sweepings and yard refuse is dumped for the purpose of filling up a Pond.

Latrines—Surface, buckets used in some cases; but pit in the majority of cases.

Drainage—Surface. In the town of Falmouth there are one or two streets with concrete side tables, but these fail to properly carry off the water. The cross drains are also faulty. In the small districts outside the town drainage is effected by the natural gravity and slope of the lands.

Overcrowding—One case came under the D.M.O's. notice.

Compounds and yards—In fair order, they are constantly being cleaned and bushed, and the Municipal Sanitary carts remove daily any rubbish, etc., from yards.

Mosquito breeding places—Crab holes, are constantly being looked after.

Sanitary Improvements—None by the Parochial Authorities. A Septic tank has been installed by a private householder for the reception of the contents of the latrine alone.

Gordon Town.—Waste Matter—The roads are swept and waste matter collected in public receptacles carted away and burnt.

Latrines—Bucket and pit systems. Soil pollution to a considerable extent is everywhere evident even along the roadways and in water courses.

Drainage—Natural surface. Excellent owing to the hilly nature of the district.

Overcrowding—Is universal.

Compounds and yards—Rather indifferently kept—here and there are to be seen examples of cleanly care.

Mosquito breeding places—Owing to the naturally good drainage breeding places are practically non existent, except at Bull Bay where the swamps and ponds afford every facility for the propagation of the insect.

Sanitary Improvements—None made during the year.

Gayle.—Waste Matter—Collected in heaps and burnt or used as manure. Pits dug for night soil. No dumpting grounds.

Latrines—The majority are surface, next in number are the pits then the bucket. The villages are well supplied.

Drainage—Very poor system—Natural drainage the rule.

Overcrowding—There is a tendency to overcrowding. Chief causes are the large number of children to each family and the small wages of the breadwinners.

Compounds and yards—Are very well kept.

Mosquitto breeding places—Ponds for cattle, private butts, some parts of the rivers and springs. Efforts are made in some cases to clear the banks of rivers, etc. The people are instructed as far as possible against collections of water.

Sanitary Improvements—Much in abeyance during the year. Protection of edibles like cakes, bread, etc., has been placed on a fairly firm footing. A number of latrines erected where hitherto none existed.

Grange Hill.—Waste Matter—Left to rot or thrown on adjoining lands where it becomes manure, the system is imperfect.

Latrine—Where these exist they are of the surface type, and they are few of them.

Drainage—Surface.

Overcrowding—This is not the rule and exists in some cases only.

Compounds and yards—Fairly satisfactory. As soon as the services of a competent local sanitary Inspector are procured the conditions will be much improved.

Mosquito breeding—After the rains puddles of dirty water exist and create admirable breeding grounds for mosquittoes this is especially true of swamp lands. No measures are taken to remove them.

Sanitary Improvements—A few. Bakeries have been whitewashed and yards chopped, but a good deal remains to be done.

Hagley Gap.—Waste Matter—No special method of disposal. No dumping grounds exist.

Latrines—Of the earth system where they do exist. In most cases they are absent.

Drainage—Natural, owing to the hilly nature of the district chiefly.

Overcrowding—General.

Compounds and yards—Usually well kept.

Mosquito breeding places—None brought to attention.

Sanitary Improvements—Not aware of any.

Hordley.—Waste Matter—There is no dumping ground for disposal of waste matter.

Latrines—Very few exist but where they are to be found they are often of the pit or surface type and not screened from flies. Open to the depredation of bird and beast.

Drainage—On the whole the villages are well drained except at Golden Grove. At this village in the rainy season it is a common thing to see the water 6 ft. deep in the main road, and as the Canal and two drains which are supposed to lead off this water are higher than the road stagnant water is to be found in these drains several weeks after it has rained.

Overcrowding—Still exists to a great extent.

Hope Bay.—Waste Matter—Disposed of in the sea—There are no special dumping grounds.

Latrines—Are of the pit variety chiefly. A few of the more intelligent citizens have installed the bucket system. Some are open to the depredation of bird or beast.

Drainage—Fairly good.

Compounds and yards—They are far from satisfactory.

Mosquito breeding places—The large pond just beyond the Post Office still continues a menace to the good health of the town.

Sanitary Improvements—Not aware of any.

Lower St. Andrew.—Waste Matter—There is a good system for the removal and disposal of waste matter. The roads in the Halfway Tree district are swept daily and the waste matter removed along with that of the various householders. It is carted away by the Sanitary Department carts to public dumping grounds. Night soil is removed from the pits and buried on the property when such consists of 3 acres and over. This disposal is carried out under supervision of the Sanitary Department. The principal dumping ground is at Maxfield Park on the old Pound Road which is situate outside of the limits of the town of Halfway Tree, *Latrines*—The chief system is that of the pit. There are a number of surface closets in outlying districts. The bucket system is in use in Government Departments, e.g. the Poorhouse, Police stations, etc., also in a few places where the area is too small to permit the building of a pit in accordance with the building regulations. A number of septic tanks may be seen in modernised buildings—All these are working satisfactorily.

Drainage—Chiefly of the surface type. In large areas of lower Liguanea concrete drains have been laid down.

Overcrowding—Exists, more especially marked in the district of Cross Roads and in those contiguous to the Old Hope Road and Barbican.

Compounds and yards—Show a marked improvement as the result of continuous supervision of the sanitary department.

Mosquito breeding places—These do not exist to any marked extent except along the Spanish Town Road where in the neighbourhood of the Ferry there are some swampy lands.

Sanitary Improvements—Many concrete drains have been laid down by the Parochial Board.

Lucea.—Waste Matter—Is disposed of by being burnt or thrown into the sea and filling up swampy lands. There are no dumping grounds.

Latrines—Are of the surface, bucket and pit systems. None are fly proof. Those of the surface are usually in a secluded spot away from the depredations of bird and beast.

Drainage—There are concrete drains in Lucea, Green Island and Sandy Bay. In the outlying districts surface drainage is the rule.

Overcrowding—Does not exist to an alarming extent.

Compounds and yards—Kept in fair condition.

Mosquito breeding places—Occurs in the swampy lands along the sea coast and inland. Some of the swampy lands are kept trimmed of bush.

Little London.—Sanitary Conditions, Drainage—Remains the same.

Lambs River.—Waste Matter—Is either burnt or deposited in some place by the people.

Latrines—The majority are of the surface system and they are not fly proof and are open to depredations of birds and beasts. There are a few of the pit and bucket systems and these are kept in good condition. There are some places which have no latrines at all.

Drainage—Good. There is plenty of surface drainage, water never collects in stagnant pools.

Overcrowding—Is the usual thing in all parts of the district.

Compounds and yards—Are dirty.

Mosquito breeding place—None known of.

Lionel Town.—Waste Matter—The dumping grounds are located out of the town chiefly on waste lands.

Latrines—Surface ones, very few homes using buckets or trenches, they are not fly proof and are open to the depredations of birds.

Drainage—Good. All being surface drainage.

Overcrowding—None exists.

Yards and compounds—Great improvement in the condition of the compounds and yards around most of the houses.

Linstead.—Waste Matter—No dumping ground exists. One is necessary for Linstead.

Latrines—Are nearly all pits. They are not fly proof. In the country they are chiefly surface ones and are open to depredations of bird and beast.

Drainage—Is by concrete side drains and the water tables of the roads.

Overcrowding—Exists, it is not uncommon to find 5 persons inhabiting a small room 8 ft. square.

Compounds and yards—They are kept fairly clean and airy. In the country there is usually too much bush allowed near the dwellings and not much cleanliness is exhibited.

Mosquitto breeding places—Exist. No measures have been taken to remove or control them.

Sanitary Improvements—None have been made by the Local Board of Health except the appointment of a Medical Officer of Health and the periodical examination by him of Bakeries, Cake vendors, etc. More attention is also being given to the cleaning of latrines and compounds of houses.

Morant Bay.—Waste Matter—Is disposed of by dumping to the West of the town at the mouth of the Johnson River.

Latrines—In Public Institutions the bucket system of latrines is in operation. Private establishments resort to the pit system.

Drainage—By means of concrete gutters of the surface type.

Overcrowding—Not to any extent.

Compounds and yards—Are in a fair sanitary condition. Mosquito breeding places— Not aware of any special steps taken to remove or control the breeding places.

Sanitary Improvements—None.

Montego Bay.—Waste Matter—Disposed of by carting to a dumping ground on Catherine Hall Estate and burned. Night soil is carted in a zinc lined covered cart at nights to the Poorhouse lands and buried in a pit dug for the occasion.

Latrines—Chiefly pit system—this is being improved every year. In some places they have been ordered to be closed and the bucket system introduced instead, the buckets being emptied not less than twice a week.

Drainage—Is good.

Overcrowding—Still exists but is gradually being improved.

Compounds and yards—Are in fair condition. Still room for improvement.

Mosquito breeding places—Occurs during the wet season—very prevalent during the year owing to the continual showers of rain.

Mandeville.—Waste Matter—Owing to the appointment of a Medical Officer of Health these matters have been taken out of the hands of the D.M.O.

May Pen.—Waste Matter—In May Pen sweepings of portions of the street, market and waste receptacles are removed by a man with a hand cart and taken to the dumping ground and then burnt—the dumping ground is within the limits of the town. Night soil is removed and thrown into pits in the deposit ground.

Latrines—Latrines are well established in May Pen. The majority are of the surface type, but the bucket system is gradually replacing them. These are not fly proof and some are open to the depredations of beasts.

Drainage—Natural surface drainage.

Overcrowding—Exists to a large extent among the peasantry.

Compounds and yards—There is a general neglect to bush and clean the yards and compounds.

Mosquito breeding places—There has been a very noticeable increase in the number of mosquitoes. Fortunately the majority of these are stegomyia. No means are adopted by the masses to prevent the breeding, and in addition there are one or two large ponds which should be filled up or drained. Not enough supervision kept over the taps in the yards to prevent small pools of water.

Sanitary Improvements—No sanitary improvements known of.

Newport.—Latrines—Very few of the small houses have proper latrines.

Drainage—Usually good, the district being hilly and the soil being porous very little water remains long in puddles, etc.

Sanitary Improvements—No special sanitary Improvements during the year.

Old Harbour—Waste Matter—Carts collect the town refuse daily which is used for filling up insanitary depressions—Night soil is buried in the vicinity of the closets from which it is taken. There are no dumping grounds.

Latrines—There is a mixed system of latrines in the town of Old Harbour and village of Old Harbour Bay. None of them are fly proof and many of them are open to the depredations of bird and beast. In the other villages of the district there are practically no closets and where these exist they are of the surface variety and quite unprotected.

Drainage—The rain water is conveyed away from Old Harbour and Old Harbour Bay in cement gutters. The cement rain water gutters on the Spanish Town Road have now been completed, as far as Kate's gully.

Overcrowding—Exists, but new houses of a superior type to the old ones are being built in many parts of the district.

Compounds and yards—Regular inspection takes place and if any nuisance exists steps are immediately taken to have it abated.

Mosquito breeding places—There are no permanent mosquito breeding places—crude petroleum is kept in stock and used when necessary.

Port Royal.—Waste Matter—This is collected and burnt on the dumping ground by the seashore outside the town.

Latrines—Each house has a bucket system in use, which is not fly proof but is protected from beasts and birds, they are emptied every night except Sundays and the contents deposited in the sea at the mouth of the Harbour.

Drainage—Surface concrete drains in good order.

Overcrowding—In some yards this exists.

Compounds and yards—Kept fairly clean.

Mosquito breeding places—This receives constant attention and is kept well under control.

Sanitary Improvements—A public shower bath has been erected by Major Butcher in the Market wharf for the use of the civilian population.

Richmond.—Waste Matter—Deposit Grounds are situated out of the Towns but there is no regular system for disposal of night soil.

Latrines—Where they exist are principally of the surface type not fly proof or properly enclosed. In some houses buckets are employed in others pit closets but speaking generally the latrine accommodation throughout the district is inadequate and the nearby banana fields and pastures are mostly made to serve the purpose.

Drainage—Natural surface drainage the district being hilly.

Overcrowding—Exists. Large families often occupying small huts but as the people live mostly out of doors during the day time the dangers of overcrowding are not so great.

Compounds and yards—Have been kept in a fair sanitary order.

Mosquito breeding places—Exist along the banks of stagnant streams and in uncovered tanks and puncheons.

Stony Hill.—Waste Matter—Is dumped or buried in the fields.

Latrines—Pits and buckets system, majority not fly proof. Not open to depredations of bird or beast.

Drainage—By surface earth drains.

Overcrowding—Exists in all the districts.

Compounds and yards—Are being kept cleaner than hitherto.

St. Ann's Bay.—Waste Matter—Is mostly disposed of in the sea where possible and burnt in the more remote parts. There is ~~no~~ a dumping ground,

Latrines—Exists in the towns and villages of the bucket and pit system. There is a Septic tank at the Hotel Osborne. They are fly proof in the Public Institutions. Not open to depredations of bird and beast.

Drainage—Is by concrete gutters on the sides of roads, in St. Ann's Bay. In other places earth drains.

Overcrowding—Exists.

Compounds and yards—Conditionas are the same, no improvement.

Mosquito breeding places—No special measures taken.

Sanitary Improvements—Not aware of any.

Santa Cruz—Sanitary conditions of the district remains unchanged.

Sav.-la-Mar.—Waste Matter—The disposal of waste mater remains the same.

Latrines—With very few exceptions the latrines remain of the surface type, one or two persons only using the bucket system. The D.M.O. only knows of one fly proof latrine system in the parish, which is at the Hospital.

Mosquito breeding places—The D.M.O. understands that attention is paid to the breeding places of mosquitoes.

Sanitary Improvements—None known of.

Spanish Town.—Waste Matter—Is swept from the streets and the concrete drains and placed in heaps along the sides of the streets much to the inconvenience of the inhabitants. These heaps are removed after some time when the Sanitary carts are available. The night soil from the Public Institutions is removed in closed carts and buried.

Latrines—There are latrines in all the houses consisting of pit closets. In some houses and Public Institutions the "Bucket System" prevails, while in the Public Hospital there is a water carriage sewerage system. At the Rio Cobre Hotel they have a Septic tank and at the Railway an absorption pit. None of these are open to the depredations of bird and beast.

Drainage—Is surface.

Overcrowding—Exists in the tenement houses and this needs careful attention, the whitewashing of the rooms demands special attention.

Compounds and yards—Are inspected by the Sanitary Inspector

Mosquito breeding places—They have not received any special attention.

Ulster Spring.—Waste Matter—The disposal of night soil has become a problem. During the rainy months the pits become filled with water which drains off slowly leaving debris. There is no dumping ground provided.

Kingston, 19th April, 1916.

Sir,

I have the honour herewith to submit the following report on the health conditions of the Kingston Medical District during the financial year 1915-16, which together with the accompanying statistical returns is called for by your circular No. 537 dated 1st March last.

I am glad to be able to state that the district enjoyed another year of complete freedom from epidemic disease of any kind. Only one disease showed greater prevalence than in the previous years—Malarial Fever. There was a distinct recrudesence of this disease, particularly during the summer and autumn of 1915, and I understand many other parts of the Island had a similar experience. The cause was undoubtedly the heavy and prolonged rainy weather. The rainfall for the year was abnormally high nearly 60″, and as a consequence, conditions conducive to mosquito life were common. The Health Department of the Mayor & Council was alive to the situation and took energetic steps with success.

The people generally are beginning to realise the danger of the mosquito, but it has to be constantly dinned in their ears that pools of water or discarded vessels that may collect water in which mosquitoes may propagate should not be allowed to be about.

The death rate for the year, 25.36 per 1,000, was less than that of the previous year, 27.23, which in its turn was less than that of the year which preceded it. Thus progressive diminution in the annual mortality rate is gratifying and may fairly be regarded as evidence of some advance in sanitation.

The water supply of Kingston, obtained from three sources, two by gravitation and one by pumping, is unlimited in quantity and is liable to some amount of pollution above the intakes. The efficient filtration to which the water is subjected, however, renders it perfetcly pure when it reaches the consumers.

There is a dumping ground to the west of the city where most of the waste matter is taken and deposited. Some portion is burnt.

Both the water carriage and pit closet systems of Sanitary convenience continue in the city. The latter system, it is true, is giving place to the former, but the process is a very slow and leisurely one. Installations are made from time to time, but as the adoption of the water carriage system by property owners is optional the careless ones leave matters to drift. These pit closets are unquestionably nurseries of Enteric Fever, and not until these abominations are entirely banished from the city may we reasonably expect to see this disease stamped out or effectually checked.

The situation of Kingston on a slope towards the sea lends itself readily to natural drainage which is aided and facilitated by concrete gutters along the sides of the streets, especially those running north and south.

Overcrowding is universal in the poorer parts of the city and suburbs. The houses are small and ill-constructed and the inhabitants as a rule far too many—conditions bad enough in themselves, but rendered infinitely worse by the dangerous and deeply rooted habit of closing doors, windows and every means of ventilation at night, in order, it is said, to keep out the noxious "night air."

The compounds and yards are kept, generally speaking, in fair order, but the vigilance of the Health authorities is required to be constantly exercised to prevent carelessness on the part of householders. The Sanitary Officers appear, on the whole, to be active and energetic in this respect.

The breeding places of mosquitoes found from time to time are dealt with promptly.

No special sanitary improvements were noted. Street repairing, with concrete side guttering was carried out in various localities, and a few sewerage connexions made.

As usual the mortality rate was highest in the spring and autumn months, but the death rate was at no time very high. In fact the great life destroying diseases—Enteric Fever, Pneumonia, Phthisis and Bowel affections—accounted for less fatalities during the year under review than during the preceding twelve months. This is gratifying. Infantile mortality, however, is still far too high to be regarded with indifference. The greatest wastage of life in early childhood restricts what should be the natural increase of population. How to remedy this state of affairs is a problem that awaits solution.

The year, as already stated was an abnormally wet one, but this circumstance does not appear to have notably affected the public health, except as regards malaria already referred to.

There was no outbreaks of any infective disease during the year. The vigilance of the Quarantine authorities affords effective protection against the introduction of infection from outside. There are, however, certain serious diseases in our midst, endemic here, whose presence is unwelcome and something of a reproach. I allude to Enteric Fever, Phthisis and Venereal affections. Their causation may be stated in a word, as filth, overcrowding and vice respectively; all are preventable.

Something can and must be done to stem their course. A beginning is about to be made in respect of one set. May these efforts be successful and be an encouragement for others.

Vaccination. 1,110 operations were done chiefly among infants. A few adults (chiefly constables) were vaccinated. The juvenile population is well protected against Smallpox. Re-vaccination, which seems necessary, is not compulsory and is not done.

Yaws, which is notifiable in Kingston, is not prevalent. I saw 8 cases during the year.

Eighty-one cases of Hookworm disease were treated at the Constabulary Depot. These were recruits and came from different parts of the Island. The disease does not prevail in Kingston.

I saw and notified 6 cases of Leprosy during the year. I have no means of knowing the exact number living in the district, but there is reason to believe that they are properly isolated, for anyone suffering from Leprosy found wandering about the city is promptly sent to the Leper Asylum.

Dysentery has not been prevalent as far as I know.

Four cases of Pellagra came under my observation during the year under review, one death occurred. All were apparently first cases.

No case of ackee poisoning came under my treatment during the year, but on the 1st Jany. last I performed a Post Mortem examination on the body of a girl who died from this cause.

Syphilis is prevalent and is of course accountable for many miscarriages. The disease is not as a rule met with in its earliest stages, the patient generally goes through the usual routine of advisers, friends, bush doctors, dispensers, etc. The doctor is sought as a dernier resort. There is much room for education in this connexion.

Gonorrhœa is very prevalent, and as far as my experience goes, is on the increase. It is like Syphilis, neglected or inadequately treated in the early stages, and frequently becomes chronic, complications such as Orchitis, bladder inflammation, etc., are common, and not infrequently the sufferer from Gonorrhœa who trifles with the disease at its commencement pays the final penalty by developing stricture with its sequelae.

I have, etc.,

Lawson Gifford, D.M.O.

The Suptg. Medical Officer,
Kingston.

Port Antonio, 25th April, 1916.

Sir,

I have the honour to reply as follows to circular No. 637 dated the 1st ultimo having reference to the health conditions prevailing in my district during the past financial year.

1. With the exception of malarial fevers the different seasons of the year were not attended by the prevalence of any particular form of sickness. The malarial wave was somewhat later in appearing and reached its highest point in November. The type was of a milder character than during the preceding twelve months.

It is interesting to compare the admissions to hospital for malarial fevers during the past three years.

Year.	Cases of Malaria.
1913–14	892
1914–15	1,710
1915-16	743

2. Owing to an abundant rainfall there was no shortage of water. With the exception of Port Antonio, where there is a pipe supply under proper supervision, and Fairy Hill and Castle, where large storage tanks were recently built, the remaining towns and villages throughout the district take their water from the nearest spring or stream. Many of these streams have been proclaimed as a source of Public Water Supply, and penalties can be inflicted for polluting them, but so far as I know they are under no supervision, and are therefore liable to gross contamination.

At considerable expense a few years ago a battery of four filters were installed to deal with the water supplied to the town from the Red Hazel Reservoir. I was present on the occasion along with Mr. Home who up to a few years ago held the post of Hydraulic Engineer, while the filters were being cleaned. During this process the raw water from the reservoir was turned into the mains. It seems to me that if this method was still in vogue the town might well have been spared the expense of the filtering plant, as the spasmodic filtration can hardly be of such use, if it is intended to deal with pathogenic organisms.

There are two Public Tanks in my district as already mentioned. They must be a great boon to the people living at Fairy Hill and Castle, although it would appear to me the charge for the water is a bit high.

Night soil is thrown into the harbour. It is occasionally carried along the streets in uncovered buckets, much to the disgust and annoyance of persons living in the neighbourhood.

A dumping ground exists at the mouth of the Caneside River for the disposal of household refuse.

Many of the residences on Titchfield Hill are provided with closets on the water carriage system.

In the lower part of the town where the latrines do not overhang the harbour they are on the pit principle or mere surface affairs and are exposed to the depredations of animals of all sorts and I doubt whether any of them is flyproof.

The drainage is all surface, the streets and lanes of Port Antonio are nearly all furnished with concrete water tables.

Overcrowding is present, but not nearly to the extent it was, as owing to the absence of work I imagine a very considerable number of persons must have left Port Antonio.

There is nothing of a special nature to be noted in connection with the yards and compounds surrounding the houses in view of the rapidity of vegetable growth they are kept fairly clean.

Breeding places for mosquitoes exist everywhere. It is impossible to deal with all, but when a stagnant pool is allowed to exist on the road side for weeks, and that by the side of a much popular thoroughfare, steps should be taken to remove it, if for no other reason than for mere appearances. I saw one such place near the Railway Station that had all the indications of being an ideal place for anophelin mosquitoes to breed in. It was there for several weeks before it was finally filled in.

3. I am not aware that any sanitary improvements have been carried out during the period under review, except the laying of a sewerage pipe along King Street and the installation of water closets in connection with it. This was done by private enterprise.

4. I do not think there was any marked variation as relating to the different seasons of the year in the mortality rate. The year was much healthier than the one preceding it. This is borne out by the fact that 370 deaths only occurred in the Port Antonio Registration district as against 432 during 1914-15.

5. Nor do I think that meteorological conditions had any influence in causing an increased mortality rate.

6. There was no unusual outbreak of any infective disease. The following is a list of the principal diseases notifiable under Law of 1898 for the two years past.

	1914-15.	1915-16.
Pul. Tuberculosis ..	43	42
Tyhpid & Para Typhoid ..	39	35
Pneumonia	21	11

It will be seen by this that there was a marked increase in the number of cases of Pneumonia and a slight increase in the number of cases of Enteric registered. As these figures having reference to cases of the several diseases, occurring in a population of approximately 25,000 it will be seen that the case incidence is very low, and compares favourably with countries where a higher standard of sanitation obtains.

7. Vaccination was carried out extensively in the Moore Town and Fairy Hill districts. The population is in my opinion well protected against smallpox.

8. Yaws is prevalent. Some fifty-four cases were treated in the hospital by means of Salvarsan. Of the cases so treated all were symptoms cured, and none has applied for further treatment. I do not think it exists in any part of the district more than another.

9. I fear Hookworm infection is generally prevalent, probably 75 per cent. of the entire population being infected. Four deaths have occurred from this cause, two creoles and two coolies.

10. I have seen two lepers only during the year. A man who had been an inmate of the Almshouse died of the anæsthetic variety and a woman belonging to another parish who had resided in Port Antonio for a little over a year was committed to the Leper Home by the Resident Magistrate. She was suffering from the Tubercular form.

11. The stools of several of the inmates of the Almshouse were examined microscopically for ankylostoma and all proved negative.

Fourteen of the inmates of the Almshouse have died of Pulmonary Tuberculosis, persons transferred thither from the hospital. No one has contracted the disease in the Poorhouse.

12. Dysentery accounted for 68 admissions to the hospital a much smaller number than during the two previous years.

They were all cases of the Amoebic variety. I would place on record here, the marvellous results obtained in connection with the treatment of the cases with Emetine hypodermically, only one death occurred, the case being practically hopeless when admitted.

13. One case of Pellagra ended fatally in the Almshouse. This is only the second case of the disease that I have seen in my district, a year or two ago I had another fatal case.

14. The Vomiting Sickness so called is unknown here, or at any rate I have not seen nor heard of a case.

15. I treated 27 cases of primary syphilis in the hospital during the year, this probably represents a very high percentage of the total number that occurred.

16. Gonorrhœa is extremely prevalent, 33 cases were admitted to the hospital. This, however, is by no means an index as to its wide spread prevalence. One's eyes were opened in an astonishing way as to this, in connection with the examination of recruits for the several contingents. Men presented themselves for examination suffering from gonorrhœa, who apparently were unaware they had any trouble of the sort or if they were aware of it, treated it as a matter of no importance. Some of them had the trouble for months without apparently suffering any inconvenience. Another interesting point in connection with those long standing infections was the marvellous manner in which the trouble disappeared on giving some simple treatment.

I have, etc.

C. A. Moseley, D.M.O.

Suptg. Medical Officer,
Kingston.

Annotto Bay, 26th March, 1916.

The Suptg. Medical Officer,
Kingston.

Sir,

I have the honour to acknowledge the receipt of your circular No. 637 relative to the Annual Report of the Annotto Bay District, I have the honour to report as follows:—

1. During the year under review there has been very little sickness and no particular disease has been unusually prevalent.

2. (1) The water supply for the town of Annotto Bay is obtained from 3 springs which burst out of the rock in close proximity one to another on Fort George at such an elevation as to give a good fall, and therefore a good force at the supply area and in sufficient quantity to supply all demands. The water so obtained is of excellent quality. Owing to faulty construction of the Intake the water is at times when heavy rains are falling liable to become very dirty and to give a thick deposit on standing.

There are no public tanks in this district.

(2) There is no system for the disposal of waste and storm water in the town of Annotto Bay.

There is no proper dumping ground. A spot has been chosen as a dumping ground for night soil on "Gibraltar" about a quarter of a mile outside the limit of the town of Annotto Bay along the Fort George road.

(3) There is no latrine system in the town of Annotto Bay. At the hospital, Parochial Board Offices, Government Offices, Constabulary and a few other places a bucket is used. The house rented by the United Fruit Co. for its Manager has a Septic tank, with these few exceptions one finds everywhere open surface latrines.

The Latrines of the Police Station and Public General Hospital are screened but no where else.

Most of the surface latrines are open to the depredations of birds and beasts.

(4) Drainage generally is bad. The country surrounding the town is of such a nature as to render it peculiarly adapted for the retention of moisture.

(5) Overcrowding as mentioned in previous reports is universal and in some instances extremely bad.

(6) There has been some improvement during the year under review in the condition of the compounds and yards round houses, but there is still room for immense improvement, and my efforts have been constantly in the direction of inducing people to keep their yards and premises clean.

(7) There are vast areas which give immense opportunities for mosquitoes to breed, especially stegomyia and anophyles. The measure taken to control consist in keeping the yards clean and free from rubbish and of all such things as broken bottles, old tins, shells and such like things which can form receptacles for water, by drainage wherever possible; and by the use of Kerosene oil.

3. No sanitary improvements have been made in the district during the year under review.

4. The relative mortality has not been affected by the season and there has been no increase in the mortality rate.

5. Since the month of October 1915, there has been an unusual and excessive amount of rain but the Public Health of the district has not been affected by it.

6. There has been no outbreak of any infective disease or otherwise during the year under review.

7. Owing to the excessive rains vaccination has been impossible for some months but otherwise the population is fairly well protected against small-pox.

8. Yaws is very prevalent in this district but chiefly in the form of crab yaws. I am unable now to say in which districts it is most prevalent because I have not been inspecting and treating Yaws during the year under review in the outlying districts. In the past Epsom, Fort Stewart, Enfield, Long Pond, Camberwell and Baxter's Mountains were the districts in which the greatest number of cases were found. The numbers in Hospital were creoles, 8, coolies 9—Total 17.

9. The number of persons known to be suffering with symptoms of Hookworm disease is, creoles 28, coolies 34—Total 62. The number of persons known to be infected with Hookworm is creoles 10, coolies 326—Total 336.

The number of deaths from Hookworm disease were creoles 1, coolies 1—Total 2.

10. I know of no lepers living in this district. A man suffering from the Tubercular form of the disease was allowed to land from abroad at Port Antonio. He made his way to Annotto Bay and came under my notice. He is now in the Lepers' Home.

11. There is no Poorhouse in this district.

12. Dysentery occurs but is chiefly of the Bacillary form, the numbers are: Amoebic: Creoles 1, Coolies 7—Total 8.

13. I am unable to give any figures concerning Pellagra as it is not prevalent in this district.

14. There have been no cases of the so-called Vomiting Sickness during the year under review.

15. Syphilis is very prevalent and does not show any decrease in its incidence. It is undoubtedly accountable for a very large number of miscarriages, though I have no doubt that if accurate bacteriological records could be obtained it would be found that a very large proportion of miscarriages were due to Gonorrhoea.

Syphilis is most frequently met with in its tertiary manifestations.

16. I do not think that either Syphilis or Gonorrhoea are on the increase just now in this district. Gonorrhoea is very frequently accompanied by complications.

I have, etc.,

H. Joslen, D.M.O.

Port Maria, May 1st, 1916.

Sir,

I have the honour to acknowledge the receipt of circular No. 667 of March 1st, 1916, and to forward the following report on the health conditions of the Port Maria Medical District for the financial year ended March 31st, 1916.

1. *Prevalence of sickness in different seasons.*—The health of the district was on the whole very satisfactory. There was no epidemic nor any special prevalence of any particular disease, indeed as compared with former years, there has been a decrease in the sickness rate and this in spite of the fact that the town was twice flooded by the heavy rains in May and November while a large part of it was destroyed and inundated by the tidal wave which accompanied the hurricane in August.

Malarial Fevers show a further drop, there being 268 admissions to Hospital as against 564, 407 and 364 of the three preceding years. These figures are borne out too by the number of cases treated in the Outpatient Department and in private practice. It has been the custom for many years now to attribute the steady decrease in the incidence of Malarial Fever in this district to the long drought, but in view of last year's rainfall this can no longer be adduced as the cause. My opinion, expressed in former reports and now repeated is, that these results have been brought about by the improved sanitary conditions (better drainage, reclaiming of swamp lands, etc.), and to this must be added the improvement in the Sanitary Intelligence of the people as shown by their appreciation of the part played by the mosquito in the causation of the disease and the readiness with which they administer quinine in fever cases.

Enteric Fever—Twenty-one cases of this disease were notified with five deaths. The majority of them were treated in hospital and with few exceptions were all of a mild type.

Four were sent in from other districts and of the remaining seventeen from this district only two came from the same settlement, so that it was difficult to trace the caus. It is interesting to note that three cases occurred in the town of Port Maria but two of them contracted the disease elsewhere a striking tribute to the sanitary value of the new latrine system.

There was no outbreak of Vomiting Sickness as in preceding years. Seven cases were seen by me Post Mortem. I heard of no other case in the district.

2. *Sanitary conditions.*—(1) Water supply of Port Maria is as previously reported.
   (a) Source—Sandhill, Crescent 8 miles away.
   (b) Supply—constant, except in times of severe drought—yielding over 200,000 galls daily.
   (c) Purity—Unquestioned.
   (d) Protection from pollution—absolute.
(e) Public tanks—There are no public tanks in this district, but there are portected wells at Galina and Salt Gut and protected springs at Oracabessa and other places.
(2) *Waste Matter*—There has been no change in the disposal of refuse.
   (a) At Port Maria there is a daily collection of house refuse and street sweepings by the sanitary carts. This service is very efficient.
   (b) There is a deposit ground recently acquired where waste matters are burnt and night soil buried.
   (c) It is outside the sanitary limits on Trinity Estate. At Hampstead and Oracabessa there are no deposit grounds, but scavenging arrangements are tolerably good—the rubbish being burnt or buried as is found convenient.
(3) *Latrines*—In Port Maria the bucket system was adopted in October, 1914, and but for temporary dislocation casued by the hurricane, the system has been working well and giving good results.

   (a) No. of premises without latrines—44.

   (b) No. of surface latrines—14.

   (c) No. of Pit closets—2.

   (d) No. of bucket closets—135.

   (e) Other systems (sewerage)—1.

   (f) None are fly proof though many of the newer latrines could easily be made so.

   (g) None are accessible to bird or beast, except the surface latrines (14) but the occupants of these houses as well as those without latrines use the Public latrines which were erected after the hurricane in August. These Public latrines are still in use. At Oracabessa and other settlements open closets are the only latrines in use. In many places there are practically none.

(4) *Drainage*—Surface drainage always bad in Port Maria was rendered more so by the flood rains and by the banking up of sand and shingle on the foreshore by high seas during the hurricane. This was very sensibly handled as all the sand was removed and made use of to further fill in low lying yards. The new concrete drain at Kirk Lane was badly needed and will greatly improve drainage at the eastern extremity of the town.

(5) *Overcrowding*—Still exists but not to the same extent as formerly. Owing to the scarcity of work on the banana beach and on the Estates the majority of the labourers have left for other parishes where more remunerative work can be obtained, with the result that the yard rooms in the town and the creole barracks on the estates are not so congested now.

(6) *Condition of Compounds and yards* show considerable improvement, owing to increased filling in by sand brought in by hurricane and also to better sanitary control.

(7) *Mosquito Breeding places*—These were increased after the rains in May and again in October and November: Much filling, drainage and oiling had to be done to reduce them to the usual minimum.

3. *New Works*—(a) By the Board—Laying down of new concrete drain at Kirk Lane across the filled in area at Warner's Pond.

(b) By private individuals—Installation of sewerage system at Gray's Charity.

4. *Relative mortality*—In the different seasons is impossible to arrive at, but the general mortality rate has been much lower.

5. *Meteorological conditions*—The two outstanding features were the heavy rainfall and the destructive hurricane. The effects of the former on the public health have already been discussed. The hurricane (or the heavy seas which accompanied it) caused more damage perhaps to this town than any other on the Northside—one whole settlement to the East of the town named Pagee being completely wiped out. The sanitary system was disorganised to a great extent and large numbers of the poorer classes were rendered homeless and destitute, and but for the prompt and business like manner in which the situation was handled both by the Sanitary Department and the Relief Committee, there would have been a different tale to tell. As it was apart from injuries the direct result of the hurricane, no real sickness in the district could be attributed to its effects.

6. *Infective disease*—There were no outbreaks of infective diseases of any kind during the year.

7. *Smallpox protection*—The juvenile members of the population are well protected against smallpox. Over 600 successful vaccinations were performed by me and a few others by a private practitioner. There is no re-vaccination so that the adult population can hardly be said to be protected.

8. *Yaws* is very prevalent in certain districts, viz., the settlements around Oracabessa and Albion Mountain, Hampstead and Bonnygate districts.

Twenty seven cases were treated with Salvarsan in Hospital and quite as many at the Poor house—the majority of these were cured. Many also were given medicine in the Outpatient Department and under the Pauper system. Many more could have been treated in Hospital but number of beds was very limited.

9. *Hookworm*—It is impossible to state the number of persons known to be suffering from Hookworm disease as no record is kept. Only the number of positive microscopical examination of stools made of hospital patients can be given, but many more are seen in private practice.

10. *Leprosy*—There are no lepers as far as I know in this district.

11. *Poorhouse cases*—(a) No. known to be infected with Hookworm—14.

(b) No. affected with Pul. Tuberculosis—12.

12. *Dysentery*—Not prevalent.

(a) No. of cases all told—15.

(b) Amoebic—4 with 2 deths.

(c) Bacillary—11 with 0 deaths.

13. *Pellagra*—Two cases seen at the Poorhouse—one died a few months ago—other still an inmate there.

14. *Vomiting Sickness*—Seven cases of this condition were seen by me post mortem, and two cases of definite ackee poisoning. In the seven cases of Vomiting Sickness there was no history whatever of the eating of ackees or ackee "pot water" for days before.

15. *Syphilis*—This disease is very prevalent and is on the increase. It ranks third among the admissions to Hospital and this is about its true place in the district. It is seen chiefly in the late secondary and tertiary stages, it is rare to see an uncomplicated primary case. 75% of the interrupted pregnancies are caused by it, and it is in great part responsible for the high infant death rate.

The number of cases admitted to Hospital for the period under review was 72 with two deaths.

16. *Gonorrhoea and Chancroids* are perhaps even more prevalent than Syphilis but like the primary stage of the latter disease are rarely seen by the Medical Man, whose help is only sought in chronic cases and for complications in the acute cases. Among the complications of Gonorrhoea, Gonorrhoeal Rheumatism and Arthitis are very common, as also Epididymitis and consequent sterility.

I have, etc.,

G. I. Lecesne, D.M.O.

Hon. Superintending Medical Officer,
Kingston.

31. Return as shown by reports received.

District.	So-called Vomiting Sickness.				Pellagra.				Leprosy..			
	Males.	Females.	Male Deaths.	Female Deaths.	Males.	Females.	Male Deaths.	Female Deaths.	Males.	Females.	Male Deaths.	Female Deaths.
Kingston ..	..	1	..	..	2	2	..	1	1	5	..	..
Stony Hill ..	2	..	2	..	..	..	..	..	..	..	..	..
Lower St. Andrew ..	..	..	..	..	7	13	1	1	..	1	..	1
Gordon Town ..	..	..	..	..	..	..	..	..	..	..	..	..
Hagley Gap ..	..	..	..	..	..	..	..	..	..	..	..	..
Morant Bay ..	..	..	..	..	1	..	..	..	..	..	..	..
Plan. Garden River ..	..	..	..	..	..	1	..	..	1	3	..	..
Port Antonio ..	..	..	..	..	..	1	..	1	..	1	..	1
Buff Bay ..	..	..	..	..	..	..	..	..	..	..	..	..
Annotto Bay ..	..	..	..	..	..	..	..	..	..	..	..	..
Richmond ..	..	3	2	3	..	..	..	..	..	..	1	..
Port Maria ..	5	2	5	2	1	1	1	..	..	..	..	..
Gayle ..	..	..	..	..	..	..	..	..	..	..	..	..
St. Ann's Bay ..	..	..	..	..	..	..	..	..	..	..	..	..
Claremont ..	..	..	..	..	..	..	..	..	1	..	..	..
Cave Valley ..	..	..	..	..	..	..	..	..	3	2	..	..
Ulster Spring ..	..	..	..	..	..	..	..	..	1	..	..	..
Falmouth ..	..	..	..	..	..	..	..	..	..	..	..	..
Duncans ..	2	1	..	..	..	..	..	..	..	1	..	..
Montego Bay ..	..	..	..	..	..	..	..	..	1	..	..	..
Adelphi ..	..	..	..	..	..	..	..	..	..	..	..	..
Lucea ..	..	..	..	..	..	..	..	..	..	..	..	..
Grange Hill ..	..	..	..	..	..	..	..	..	..	..	..	..
Sav.-la-Mar ..	..	..	..	..	..	..	..	..	..	..	..	..
Little London ..	..	..	..	..	..	..	..	..	..	..	..	..
Bethel Town ..	..	..	..	..	..	..	..	..	..	..	..	..
Black River ..	..	..	..	..	..	..	..	..	..	..	..	..
Santa Cruz ..	..	..	..	..	3	..	..	..	..	..	..	..
Balaclava ..	..	..	2	3	..	..	..	..	..	..	..	..
Mandeville ..	..	..	..	..	..	..	..	..	..	1	..	..
Newport ..	..	..	..	..	..	..	..	..	..	..	..	..
Christiana ..	..	..	..	..	..	..	..	..	2	1	..	..
Chapelton ..	1	..	1	..	..	..	..	..	..	..	..	..
May Pen ..	..	..	..	..	..	2	..	..	..	..	..	..
Vere ..	1	..	..	..	..	1	..	..	..	..	..	..
Crofts Hill ..	..	..	..	..	..	..	..	..	..	..	..	..
Spanish Town ..	..	..	..	..	..	..	..	..	..	1	..	..
Old Harbour ..	..	..	..	..	..	..	..	..	..	..	..	..
Linstead ..	..	..	..	..	..	..	..	..	..	..	..	..
Port Royal ..	..	..	..	..	..	1	..	1	..	..	..	..
Southfield ..	..	..	..	..	..	..	..	..	..	..	..	..
Dry Harbour ..	..	1	..	..	..	..	..	..	..	..	..	..
Hope Bay ..	..	..	..	..	..	..	..	..	..	..	..	..
	11	8	12	8	14	22	2	4	10	16	1	2

32. Synopsis of D.M.O's. Reports.

Water Supplies.—Adelphi—The Market Tank at Adelphi, intended primarily for supply of clean water for the hundreds of people with their beasts of burden who attend that market, many from very long distances and who have first claim on the water so collected since they are not allowed to sell their stuff elsewhere and have to pay for the use of the market, in fact, serves chiefly as a convenience to the few families living near the tank, the only other tanks in or near Adelphi being at the Rectory and Court House. The reason of this is that no reserve of water is kept for proper market use. If three feet of water were reserved for market use only, the supply would outlast even an ordinary drought; but while any water remains in the tank it is pumped during an hour of every day and given to all who come for it. Under this system the tank is empty within a week or two of the end of a rainy season; then the Adelphites turn complacently to the big ponds on Lima a mile away, and the market people and animals go thirsty or the people may get a little water to drink from the cattle pond near the market. This tank was recently covered and fenced at a cost of over £60. 0s. 0d.

Buff Bay—Buff Bay depends almost entirely on wells for its water supply. The water from these wells is more or less polluted.

Black River—The water supply of Black River is very good, the supply coming from the river away up at Y.S. The quantity is unlimited and should be of good quality coming as it does from the Y.S. hills where the intake is situated. The other districts use wells and springs which do not appear to produce any infection.

Claremont—The water supply in the district is from tanks chiefly not subject to easy pollution, but in the rural parts a good deal from ponds.

Cave Valley—During the past year the supply has been unlimited and the water of average purity. In the northern part of the district from Brown's Town up to Clarksonville tank water is used. The Greenock Spring (protected) supplies a large district around Cave Calley. In the southern part of the district people usually take water, from the rivers. Large Public Tanks are situated at Brown's Town, Watt Town, Bethany and Alva.

Chapelton—Chapelton has a very satisfactory water supply and the owners of some private residences and a shop have taken advantage of this to have installed a water carriage of sullage. The Public Hospital takes its water from this source also.

Crofts Hill—The residents of the villages as well as those scattered all over the district obtain their water supply chiefly from rivers and springs and in a few cases from rain water stored in iron tanks. The quantity available is always ample. The purity is very questionable in the cases of rivers and where the water is obtained from a spring some distance from its source.

No rivers or springs are protected; representation has been made to the Local Board of Health, but so far nothing has been done. There are no public tanks in the district.

Duncans—Source from Ponds and Rivers. There are tanks in some yards. The quantity depends on the rainfall. Quality impure. Not protected. There are no Public Tanks.

Falmouth—Water supply is obtained from the Martha Brae River, quantity unlimited, is liable to pollution. Is protected. One public tank connected with the water supply, receives its water direct from the river.

Gordon Town—The water supply of Gordon Town is obtained from the Hope River which is protected by Law. Mavis Bank is supplied by river and springs which are protected. The district abounds in springs and rivers; the quantity of the water is unlimited but the sources are open to various pollutions and in some instances are of doubtful purity. The peasantry, contrary to advice, neglect boiling their water.

Gayle—Water supply for the most part from springs. Rain water is collected in butts, etc. The supply is unlimited for the most part. The district is well supplied. It is liable to pollution. The rivers are excessively polluted and are not protected. There are no public tanks.

Grange Hill—The water supply is obtained solely from wells. It is apparently pure as evidenced by the fact that no single case of Enteric Fever has appeared in this district.

Hagley Gap—Water supply is obtained from springs, rivers and streams. The quantity is abundant but the purity is not above suspicion, and liable to pollution in many instances. It is not protected. There are no public tanks.

Hordley—In all the villages the water supply is good. It is obtained from numerous springs and rivers, but they are liable to pollution. There are no public tanks.

Hope Bay—The water supply is chiefly from the Swift River and from the absence of any marked outbreak of waterborne diseases; the acting D.M.O. thinks it is free from pollution.

Lower St. Andrew—The Hope River constitutes the source of supply. There has been no scarcity of water during the period under review. The supply is under the control of the Kingston General Commissioners, its purity is fairly reliable, but there is some degree of liability to pollution although the streams and reservoirs are protected.

Little London—Water supply remains the same.

Lamb's River—Large properties have their own tanks for the storage of their drinking water. The poorer people depend on the numerous ponds on the different pens for their drinking water and these are liable to pollution. There are no public tanks.

Lionel Town.—The water supply of most of the districts is poor. The Wells of Portland and Hayes are polluted.

Linstead.—The water supply is unlimited in nearly every portion of the district and all the streams which contribute to it are polluted. More vigilance is being observed in bringing offenders for polluting to justice.

Morant Bay.—The water supply of the chief town—Morant Bay—is derived from the Morant Bay water works. The quality is good and the quantity available ample, but the means for distribution have become inadequate.

Montego Bay.—The water supply of Montego Bay remains the same. It is not perfect yet from a sanitary point of view, but during the year the supply was good as to service and quantity. The water supply of the villages and country districts is not fit to drink unless boiled, and at Cambridge there is a scarcity of water there being no regular supply for the village. Until the Parochial Board can afford to spend money very little can be done to improve our supply of water.

May Pen—The water supply is obtained from one source, the Rio Minho, the intake of which is not protected there being no filtration. There is invariably a daily cessation of water in the taps, owing chiefly to large quantities of water being taken at any hour during the day by the Railway engines. The purity of the supply is very doubtful. Four standpipes situated at different ends of the town supply the inhabitants of neighbouring districts and country parts.

At four Paths there is always great difficulty in obtaining water and more so during periods of drought. There is a well in the Four Paths market but the Acting D.M.O. understands that the water has been condemned. Usually rainwater is collected and stored, but during the dry months the inhabitants have no water supply but travel long distances, 4 and 5 miles, to Denbeigh Estate and May Pen to procure water.

In the Mountain districts the supply is chiefly from small tanks and ponds the water from which is usually in an impure state.

The water tank at the Poorhouse has had fitted to it an out let pipe of 6″ bore and an inlet pipe of 2″ bore. The 6″ bore pipe is for the purpose of supplying the Railway engines. This the Acting D.M.O. thinks will be of no help to the Institution, as he is sure there will usually be a deficiency of water.

Newport—Most of the Outlying districts are provided with public tanks for drinking water, but many of the inhabitants have thier own which mostly consist of mere holes uncovered and subject to the polluting effects of surface drainage.

Old Harbour—There has been no water famine during the past year and it is evident that in times of average seasons there is no lack of water though this is the first time in 8 years that the district has not suffered from drought. The water supply of Old Harbour and the villages of Church Pen and Old Harbour Bay is derived from a dam at Bartons and a reservoir at Colbeck. The water is conveyed in iron pipes during the whole of its course and is free from possibility of pollution. The village of Pot House obtains its water supply principally from the irrigation pipes to Bushy Park from Spring Garden. This water is also conveyed in iron pipes and protected from pollution.

The village of Bartons is supplied from a covered cistern from which the water is drawn by taps. A spring fills this reservoir and is led directly into it.

There are no public tanks.

Port Royal—The town is supplied with water from the Admiralty Spring near Rockfort by means of pipes laid along the Palisadoes and is under the control of the Military Authorities. There is no source of pollution but during the last few weeks the water has been muddy and has a deposit on standing. The quantity is unlimited, except at certain hours when it is cut off.

There are no public tanks.

Richmond—Richmond and Highgate depend for their water supply on tanks, springs and wells.

These sources are easily polluted in the dry seasons, the purity of the water for drinking purposes is very doubtful. Heavy and continous rains occurred for months during the year which kept the streams and tanks thoroughly flushed out and thus in a great measure reduced the chances of water contamination. No public tanks exist and the long hoped for pipe service has not been instituted.

It appears unlikely that the Parochial Authorities will be able to carry out this much needed sanitary improvement in the near future.

Stony Hill—The water supply is derived from rivers, springs and wells. There is a shortage in dry seasons at Stony Hill itself and the water is liable to pollution. Protected. Red Hills has a public tank.

St. Ann's Bay—The water supply is derived from rivers. The quantity is ample. They are not specifically protected from pollution but are protected by the Local Board of Health and rendered as pure as possible. There are no public tanks.

Sav.-la-Mar—The long felt want of a better water supply has been to some extent met by an extension of the original water pipe from Sweet River to a higher source at Corawina thereby increasing the presure in the pipes.

Spanish Town—The water supply of Spanish Town is from the Rio Cobre, the supply of the villages is from tanks and ponds. There is an unlimited quantity available and the water is kept from pollution. The reservoir is protected.

Ulster Spring—Water supply good and abundant.

33. *Infective and other Diseases.—Malaria*—During the months of September and October a severe outbreak of malaria took place in the Bull Bay district (a place always notorious for its fever) on the appearance of heavy rains. The Local Board of Health of St. Andrew was called upon on September 30th under Section 17 of Law 35 of 1910 to investigate. The Health Officer of the district, Dr. Crooks, and staff took the matter in hand in a very energetic manner with the result that the epidemic wore itself out by January, the acting D.M.O. reporting early in January that the epidemic had ceased.

30 specimens of blood were collected on October 1st and 2nd and were examined by Dr. Catto; out of the 30 specimens 16 were found to show the subtertian parasite. Dr. Davidson, the Acting D.M.O. of the Gordon Town District, was directed to hold a Weekly Outstation at Bull Bay, a room in the unused Police Station being given him as an Office. Free quinine was distributed both by the D.M.O. and the Medical Officer of Heatlh.

Due to the extension of the Malaria to the St. Thomas Parish, Dr. Clarke, D.M.O., St. Davids District, was directed to hold a weekly Outstation near Sugar Loaf Hill and to distribute free quinine and his first visit was made on Friday 12th November. The Outstation was discontinued on March 29th.

Generally speaking, owing to the heavy rains that fall during the year in many parts of the Island, there was a great increase of malaria among the peasantry and labouring classes.

The following is a synopsis of the reports of the Medical Officer on the subject.

Prevalence and outbreaks of sickness.—Adelphi—During the last December quarter Malarial Fever which is endemic over the greater part of this district, assumed the form of an epidemic of great severity, greater than the D.M.O. had ever known it in St. James.

Buff Bay—There has been an unusual prevalence during last half year of Malarial Fever, Bronchitis and Nephritis. The health of the district has been very bad owing to the abnormal condition of the weather. There were 330 cases of Malarial Fever, 4 deaths; 3 cases of Black Water Fever with no deaths. The duration of the outbreak of Malarial Fever was from October to December. During the whole year 599 cases were treated.

Black River—Malaria is certainly the most prevalent disease in this district. There was also an outbreak of Whooping cough.

Balaclava—With the exception of the occurrence of a greater number of Malarial Fever during the continuous heavy rains there is nothing to report except a little chicken pox and a few cases of Mumps.

Bethel Town—During January, February and March there was an outbreak of a severe type of remittent Malarial Fever. 28 cases in Argyle Mountains and 12 cases in Belvedere lands. There were no deaths.

Claremont—There has been no epidemic.

Cave Valley—Typhoid Fever was prevalent in the district during the months of October, November and December; Whooping Cough and Mumps have also been epidemic since the latter part of December. 22 cases of Typhoid Fever with 3 deaths during the months of August, September and October have been attended. The D.M.O. doubts if this number represents more than half of those affected. In this outbreak the disease undoubtedly spread by direct contact. When one case occurred in a house almost invariably other members of the family, or friends who visited frequently were afterwards affected. The habit (against all advice) of visiting sick people, the holding of all night singing meetings when death occurs, has in the D.M.O.'s, opinion much more to do with the spread of disease in his district than any faulty sanitary condition and makes it very difficult to deal effectively with infective diseases. Whooping cough occurred generally throughout the district. Mumps was also epidemic with Orchitis as a complication.

Christiana—No prevalence of infective disease.

Chapelton—No marked prevalence of illness during the year beyond Mumps and Whooping cough.

Crofts Hill—One case of Typhoid Fever occurred.

Duncans—There has been an absence of an epidemic of any serious character. Malaria Fever has been prevalent all through the district. Mumps and Whooping cough were also present. So called Vomiting Sickness made its appearance and claimed about a dozen victims.

Falmouth—Malarial Fever was prevalent during last Autumn months also in January and February. Mumps was prevalent during the Summer. Influenza during November and December. There was no outbreak of other infective diseases.

Gordon Town—No unusual prevalence in any particular disease in the hills. In Bull Bay there was a severe outbreak of Malarial Fever during the wet weather that prevailed in August and September. At Mavis Bank, Whooping cough was present. Two cases of Bronchial Pneumonia. 7 cases of Typhoid Fever took place at Gordon Town with mortality of 2.

Gayle—No very accurate data can be supplied as to the prevalence of sickness during the year under review. The hurricane of August, the abnormal rainy seasons, and the war have upset statistics. Malarial Fever has been par excellence the disease of the year. The type has been the malignant tertian fever and has been very severe. Cerebral cases have been very frequent and there have been several abdominal cases which have simulated typhoid and dysentery very closely. These reacted to quinine treatment. In women uterine congestion and stasis, the result of malignant parasite, is responsible for a large proportion of cases of endometritis and displacements.

A large number of cases of amenorrhoea, dysmenorrhoea, and menorrhagia, are also due to malarial disease.

An outbreak of Amoebic dysentery also took place after the August hurricane, with some deaths. There seems to be rather a large number of cases of insanity in the district.

The D.M.O. has seen three cases of Lockjaw infection, two are traceable to the practice of floor confinements by incompetent midwives.

Whooping cough was very prevalent in March. Chickenpox was fairly common late in the year.

Grange Hill—There has been no unusual prevalence of any disease. Malaria has been somewhat prevalent in the later months of the year, many cases of a malignant type being seen. A single case of Enteric Fever was reported.

Hordley—Diseases during the year have been of a mild type although there have been an unusual number of cases of Malaria and several mild cases of Pneumonia, also Whooping cough.

Hagley Gap—During the months of November and December acute Rheumatism and few of Influenza made their appearance.

Lower St. Andrew—Most of the illnesses have been of a mild character. A few sporadic cases of Vomiting have occurred, several ending fatally.

Lucea—Malarial Fever was prevalent both Intermittent and Remittent cases have been seen. Two cases of Enteric Fever were treated in the Hospital.

Little London—During the greater part of the year Malaria Intermittent Fever prevailed to a greater extent than during any previous year since the D.M.O. took charge. There were no fatal cases but hundreds of people were incapacitated for work for some weeks.

Lionel Town—Dysentery not in an epidemic stage has been frequently met with, probably due to pollution of water. Venereal diseases are very common. Chronic ulcers are frequently met with. Malaria shows an increase.

Morant Bay—No outbreak of any disease.

Montego Bay—During the year the diseases were Malarial Fever, Whooping cough and a few cases of Typhoid Fever. Malaria was specially prevalent from October to December due to the continuous rains. There were no less than 14 cases of Black Water Fever that came under the personal observation of the D.M.O., except for one case seen last year this type of fever has never been observed in this district for at least 10 years. All the cases recovered. There was an outbreak of Whooping cough of a mild character. Typhoid Fever, only a few cases, 8 in number, were met with as against 156 last year, but these 8 cases were serious ones.

There was no outbreak of ackee poisoning reported during the year. It would appear as if the dwellers of Granville, Salt Spring and neighbouring districts where the disease was so prevalent last year have benefitted by their experience and have prevented their children getting at the ackees.

Mandeville—No outbreak of disease infectious or otherwise.

May Pen—No unusual prevalence of any disease during the year with the exception of comparative increase in Malaria during months of December and January.

Newport—There have been some cases of mild Malarial Fever also some whooping cough, mumps and Influenza; some cases of colitis.

Old Harbour—Malaria has been very prevalent during the past year. During the colder months there was an epidemic of Influenza. Two cases of Typhoid occurred, one case of Cerebral Spinal Meningitis was met with. Three cases of Pulmonary Tuberculosis. 140 cases of epidemic Influenza were seen.

Port Royal—Two cases of Enteric Fever were treated.

Richmond—There has been no epidemic during the financial year. Following the rainy seasons there was the usual increase in Malarial Fever, some of them of a very severe Bilious remittent type. Two cases of Blackwater Fever occurred, one an East Indian who subsequently died, and the other an old woman who also died. Enteric 8, Pulmonary Tuberculosis 7 cases, chicken pox and Whooping cough were also prevalent.

Stony Hill—Several epidemics not of a severe character occurred during the year. Whooping cough, Influenza and Malaria were present in epidemic form.

St. Ann's Bay—Malarial Fever was prevalent partly around the villages of Ocho Rios and Salem where the lands are swampy. In St. Ann's Bay it is largely confined to the lower seaboard part of the town. There was a small outbreak of Dysentery at Mt. Zion. Chicken pox and Mumps were also very prevalent in the high part of the district. Enteric has been also present. Pulmonary Tuberculosis appears to be increasing rapidly.

Sav.-la-Mar—During the dusty months Nose and Throat troubles were prevalent. Measles, Mumps and Whooping Cough have been met with in small numbers and Dysentery and Typhoid have been prevalent.

Santa Cruz—Malarial Fever was prevalent in the district during November and December, and Whooping cough also was prevalent among children. There have been no other outbreaks of disease.

Spanish Town—Several cases of Malarial Fever, Influenza, Bowel complaint and Infantile diseases were prevalent. 27 cases of Phthisis were reported. 18 cases of Typhoid. 3 cases of Pneumonia.

Ulster Spring—There were several cases of Mumps in the months of June, July, and August. In December an outbreak of Whooping cough took place at Albert Town. There was much Influenza between October to February and a very unusual number of cases of Malaria of a mild Intermittent type.

Return of Infective Diseases reported by the Local Boards of Health to the Central Board of Health under the Notification of Infective Diseases Law 31 of 1912, for the financial year 1915-16.

Parish.	Typhoid Fever.	Para-Typhoid Fever.	Pulmonary Tuberculosis.	Scarlet Fever.	Cerebro-spinal Meningitis.	Pneumonia.	Puerperal Fever.	Leprosy.	Septicæmia.	Diphtheria.	Yaws*	Beri Beri.	Poliomyelitis.
Kingston	258	. .	160	4	5	69	3	7	3	5	12	2	3
St. Andrew . .	41	. .	14	. .	. .	1	. .	. .	. .	1	. .	. .	. .
St. Thomas . .	15	1	30	. .	2	39	2	3	. .	. .	. .	1	. .
Portland . .	52	2	72	. .	1	14	. .	1	. .	. .	. .	2	. .
St. Mary . .	36	. .	42	1	. .	20	1	. .	2	2	. .	. .	. .
St. Ann . .	30	. .	57	. .	1	9	. .	. .	. .	. .	. .	. .	. .
Trelawny . .	. .	. .	16	. .	. .	. .	. .	. .	. .	. .	. .	. .	. .
St. James . .	7	. .	19	. .	. .	. .	1	1	. .	. .	. .	. .	. .
Hanover . .	3	. .	3	. .	. .	1	1	. .	. .	. .	. .	. .	. .
Westmoreland . .	17	. .	33	. .	2	10	. .	. .	. .	. .	. .	. .	. .
St. Elizabeth . .	22	. .	13	. .	. .	10	. .	. .	1	. .	. .	. .	. .
Manchester . .	52	. .	28	. .	. .	1	1	5	. .	. .	. .	. .	. .
Clarendon . .	27	1	31	. .	. .	10	. .	. .	. .	2	. .	. .	. .
St. Catherine . .	38	2	47	. .	1	10	3	. .	1	1	. .	. .	. .
	598	6	565	5	12	194	12	17	7	11	12	5	3

* Notifiable in Kingston only.

35. Return showing the number of admissions to the Country Hospitals during the last eleven years.

Hospital.	1905-1906.	1906-1907.	1907-1908.	1908-1909.	1909-1910.	1910-1911.	1911-1912.	1912-1913.	1913-1914.	1914-1915.	1915-1916.
Morant Bay . .	469	510	534	660	531	545	782	730	713	688	535
Hordley . .	587	707	555	629	621	537	918	1,294	1,777	1,431	1,305
Port Antonio . .	1,673	1,788	3,359	3,674	3,200	4,288	5,680	6,110	5,170	5,423	3,242
Buff Bay . .	734	654	937	935	755	1,216	1,341	1,961	3,516	3,494	2,187
Annotto Bay . .	3,739	4,313	4,641	5,338	5,005	6,138	5,558	5,169	4,440	3,934	3,282
Port Maria . .	1,610	1,388	1,380	1,584	1,837	2,502	2,627	2,532	1,984	1,931	1,320
St. Ann's Bay . .	194	252	285	264	219	235	274	414	429	394	406
Cave Valley . .	76	87	83	93	91	81	98	101	95	87	84
Falmouth . .	238	262	209	252	330	308	376	315	192	185	232
Ulster Spring . .	. .	. .	. .	. .	. .	. .	. .	. .	. .	44	66
Montego Bay . .	302	266	228	228	180	337	494	796	871	698	830
Lucea . .	276	224	244	241	237	296	295	284	581	435	400
Sav.-la-Mar . .	226	1,026	861	857	800	1,961	1,440	1,989	3,996	2,732	3,356
Black River . .	274	301	385	321	305	285	316	343	342	344	517
Mandeville . .	312	323	259	245	283	281	401	415	377	428	385
Chapelton . .	331	480	489	335	344	364	424	530	384	452	366
Lionel Town . .	1,533	3,532	2,062	1,852	2,070	1,700	2,547	2,497	2,636	1,802	1,792
Spanish Town . .	1,160	1,360	1,262	1,260	1,379	1,444	1,544	1,857	1,601	1,577	1,396
Linstead . .	. .	. .	. .	. .	. .	121	195	494	458	395	293
	13,734	17,473	17,773	18,768	18,187	22,339	25,210	27,831	29,562	26,474	21,994

36. Statement of amounts received for Hospital Fees from Paying Patients (other than constables) at the Public General Hospitals during the year 1915-16.

Hospitals.	Amounts. £	s.	d.	Hospitals.	Amounts. £	s.	d.
Morant Bay . .	9	10	10	Lucea . .	5	4	6
Hordley . .	9	5	6	Sav.-la-Mar . .	49	12	6
Port Antonio . .	22	5	0	Black River . .	9	12	8
Buff Bay . .	14	3	6	Mandeville . .	6	9	0
Annotto Bay . .	11	18	6	Chapelton . .	5	13	6
Port Maria . .	33	16	4	Lionel Town . .	11	8	2
St. Ann's Bay . .	3	15	0	Spanish Town . .	6	10	10
Cave Valley . .	14	1	0	Linstead . .	13	9	6
Falmouth . .	2	4	6				
Ulster Spring . .	3	11	2		237	11	4
Montego Bay . .	4	19	4				

37. Return showing the various classes of patients admitted to Public General Hospitals with Nos. of each, also amounts received from Paying Patients.

Hospital.	Constables.	Paupers on pauper roll.	Casual paupers.	Poor persons admitted without charge.	Poor persons attended as outpatients in connection with hospital outpatients system.	Indentured Coolie Labourers.	Prisoners.	Paying. patients.	Maintenance Dues.	
									Received. £ s. d.	Dues. £ s. d.
Morant Bay ..	27	2	307	..	687	168	4	11	9 4 6	..
Hordley ..	42	1	..	1,305	707	2,562	..	7	7 1 6	..
Port Antonio ..	28	5	..	1,213	1,831	2,068	7	10	13 17 6	2 4 0
Buff Bay ..	17	5	57	1,625	909	473	4	6	2 14 6	..
Annotto Bay ..	29	..	4	590	12	2,416	4	7	4 15 6	..
Port Maria ..	46	8	..	627	660	638	1	25	41 5 6	..
St. Ann's Bay ..	13	..	..	379	780	12	2	13	3 15 0	1 0 6
Cave Valley ..	1	4	10	57	47	..	..	18	14 1 0	..
Falmouth ..	14	1	..	214	522	8	3	5	2 4 6	..
Ulster Spring ..	3	..	7	48	86	..	1	8	3 12 6	0 5 6
Montego Bay ..	42	7	22	290	2,572	465	2	2	4 4 0	..
Lucea ..	35	..	..	314	2,013	40	3	8	5 4 6	..
Sav.-la-Mar ..	51	..	191	277	187	2,877	12	31	40 10 0	22 7 0
Black River ..	37	..	..	244	1,164	219	1	16	9 1 0	7 12 8
Mandeville ..	17	..	354	355	344	..	1	13	5 18 0	10 15 6
Chapelton ..	27	..	..	343	428	..	11	10	5 13 6	..
Lionel Town ..	8	15	144	290	313	585	2	17	5 5 6	..
Spanish Town ..	86	3	..	795	2,744	506	1	5	3 18 6	..
Linstead ..	..	..	262	..	761	40	..	17	13 5 6	2 11 6
	523	51	1,358	8,966	16,767	13,077	59	229	195 12 6	46 16 8

38. TABLE No. 1.

Hospital.	Mortality Rate.			Largest Daily No.			Smallest Daily No.			Daily average.			Date of largest daily number of Patients.	Date of smallest daily number of Patients.
	Coolies.	Creoles.	Total.	Coloies.	Creoles.	Total.	Coolies.	Creoles.	Total.	Coolies.	Creoles.	Total.		
Morant Bay ..	2.8	4.1	3.44	6	19	25	1	9	10	4	15	19	13.7.15	30.4.15
Hordley ..	.204	5.6	1.7	38	30	68	8	35	43	24	29	53	12.10.15	20.2.16
Port Antonio ..	.29	3.008	1.32	61	69	130	22	44	66	43	57	100	15.11.15	15.8.15
Buff Bay ..	2.8	3.08	2.95	108	86	194	22	59	81	44	75	119	22.10.15	27.5.15
Annotto Bay ..	.804	5.6	1.5	167	38	205	58	24	82	90	37	127	8.12.15	1.4.15
Port Maria ..	.9	6.07	3.12	39	43	82	10	35	45	28	35	63	6.12.15	1.11.15
St. Ann's Bay ..	..	3.62	3.69	1	22	23	1	9	10	1	15	16	30.12.15	20.4.15
Cave Valley ..	..	..	..	..	9	9	..	3	3	..	6	6	17.9.15	9.6.15
Falmouth ..	..	3.33	3.26	..	21	21	1	7	8	1	14	15	March	February
Ulster Spring ..	..	1.43	1.43	..	8	8	..	1	1	..	5	5	3.9.15	14.11.15
Montego Bay ..	.2	5.5	2.5	16	37	53	7	14	21	9	27	36	31.12.15	April
Lucea ..	..	2.5	2.7	5	21	26	..	9	9	1	18	19	15.11.15	26.10.15
Sav.-la-Mar ..	.46	3.11	.76	155	25	180	43	23	66	90	24	114	28.10.15	25.5.15
Black River ..	..	3.26	1.9	6	27	33	1	8	9	4	15	19	6.3.16	April
Mandeville ..	..	6.75	6.75	..	31	31	..	18	18	..	25	25	11.8.15	27.5.15
Chapelton ..	..	5.73	5.73	..	41	41	..	21	21	..	30	30	4.12.15	January
Lionel Town ..	1.41	5.6	2.49	41	47	88	16	7	23	26	28	54	27.7.15	12.2.16
Spanish Town ..	1.86	7.03	5.2	30	76	106	19	49	68	29	59	88	5.1.16	31.7.15
Linstead ..	..	7.8	6.8	3	29	32	2	16	18	2	23	25	25.10.15	12.3.16

39. TABLE No. II.

Hospital.	Remaining in Hospital 1.4.15.			Admissions.			Dischargeed.			Died.			Remaining in Hospital. 31.3.16.		
	Coolies.	Creoles.	Total.	Coolies.	Creoles.	Total.	Coolies.	Creoles.	Total.	Coolies.	Creoles.	Total.	Coolies.	Creoles.	Total.
Morant Bay ..	4	13	17	188	347	535	185	327	512	4	15	19	3	18	21
Hordley ..	23	25	48	955	350	1,305	950	323	1,273	2	21	23	26	31	57
Port Antonio ..	38	51	89	2,030	1,212	3,242	2,044	1,169	3,213	6	38	44	18	56	74
Buff Bay ..	52	59	111	948	1,239	2,187	956	1,190	2,146	28	40	68	16	68	84
Annotto Bay ..	65	23	88	2,671	611	3,282	2,625	561	3,186	22	36	58	89	37	126
Port Maria ..	37	18	55	778	542	1,320	785	483	1,268	8	34	42	22	43	65
St. Ann's Bay ..	..	15	15	12	379	391	12	366	378	..	15	15	..	13	13
Cave Valley ..	..	6	6	..	84	84	..	83	83	..	..	..	..	7	7
Falmouth ..	..	13	13	8	224	232	8	219	227	..	8	8	..	10	10
Ulster Spring ..	..	4	4	..	66	66	..	64	64	..	1	1	..	5	5
Montego Bay ..	7	14	21	465	365	830	467	331	798	1	20	21	4	28	32
Lucea ..	..	17	17	40	360	400	40	351	391	..	10	10	..	16	16
Sav.-la-Mar ..	62	21	83	2,992	364	3,356	2,963	340	3,303	14	12	26	77	33	110
Black River ..	..	8	8	219	298	517	219	279	498	..	10	10	..	17	17
Mandeville ..	..	24	24	..	385	385	..	363	363	..	26	26	..	20	20
Chapelton ..	..	26	26	..	366	366	..	345	345	..	21	21	..	26	26
Lionel Town ..	25	28	53	1,303	489	1,792	1,284	475	1,759	17	19	46	27	13	40
Spanish Town ..	28	64	92	506	890	1,396	507	814	1,321	10	67	77	17	73	90
Linstead ..	1	25	26	39	254	293	37	233	270	..	22	22	3	24	27
	342	454	796	13,154	8,825	21,979	13,082	8,316	21,398	112	425	537	302	538	840

40. *Quarantine.*

Chairman and Members Quarantine Board,

Gentlemen,

The Quarantine year which closed on the 31st March has been on the whole uneventful and chiefly marked by the smoothness with which the Regulations have worked.

2. The Shipping Agents have co-operated with the Board in carrying out the Quarantine Regulations in every possible way, and consequently the inconvenience to Shipping has been greatly reduced consistent with the safeguarding of the Public Health.

3. The co-operation of the Agents and Captains has also produced a system of what may be termed Preventative Quarantine. The Agents or Captains as far as possible keep the Board informed with regard to the movements of their vessels and they are thus enabled to advise what precautions are necessary at the port of call in order to avoid quarantine on arrival here.

4. The opening of the year under review found Havana and Santiago, Cuba, under restrictions for Plague and later on the Province of Pinar del Rio was included.

The health conditions of Cuba have improved very much during the year, the last case of Plague having occurred some months ago.

5. The restrictions against Cuba with the exception of the City of Santiago have been entirely removed; while with regard to the latter port the only requirement in order to obtain free pratique here, is that the vessel must "not" lie alongside at night, and it is hoped that conditions may at an early date justify the removal of this restriction also.

6. The other West Indian Islands have kept free from Infectious disease.

7. There does not appear to be any improvement in the Plague conditions on either the Atlantic or Pacific seaboard of South America although conditions on the Pacific side are infinitely worse than on the Atlantic, a condition which although before the opening of the Panama Canal was a matter of little interest to the Quarantine Board has now since the opening of the said Canal become a matter of vital importance to this Island.

8. New Orleans is unfortunately still under Quarantine for Plague. The last human case occurred in September, 1915, but weekly up to the present time plague infected rats have been found.

Every effort is being made by the New Orleans Health Authorities to eradicate Plague in that city, and it is sincerely to be hoped that their efforts will be crowned with success at an early date.

9. No cases of human Plague have been reported in Great Britain during the year just ended.

10. Plague has prevailed in certain parts of Greece, in Egypt, on the East Coast of Africa, and in the Union of South Africa. Under normal conditions there is little intercourse with these places, but at present vessels arrive here which have lately been at these places and great care has had to be exercised in regard to them.

11. There have been several outbreaks of smallpox in cities of the United States situated both on the Atlantic seaboard and the Gulf of Mexico. In each case the standing Smallpox Regulations came automatically into force with satisfactory results.

12. Yellow Fever has appeared in Caracas and Eucador. A few cases were taken from a vessel which arrived at Panama and were placed in Balbao Quarantine Station. As no vessels were at that time passing from the Pacific to the Atlantic Ocean through the Canal there was no danger to this colony

13. Twenty-seven vessels were disinfected during the year. Both Disinfectors have been used and. are in thorough working order and giving every satisfaction.

Receipts for fumigation	£168 0 0
Fumigation expenses including salary, wages, upkeep of disinfectors, etc	143 1 6

14. The Quarantine Station is in its usual satisfactory condition and sufficiently equipped.

During the year 160 persons were detained for the incubation periods of plague or smallpox. 180 First Class and 973 Third Class passengers were landed for inspection. 1,971 packages of baggage were disinfected.

15. The telephone to Port Royal has worked fairly satisfactorily although it has been at times very difficult and even impossible to hear through it, but a telephone to the Quarantine Station is a matter of absolute necessity, and it is hoped, after the War, that the Government may be able to see its way to have the old cable repaired or a new one laid down.

16. There is a systematic inspection of vessels to ensure that they are observing the regualations concerning ratguards, fending off, etc.

17. There have been several prosecutions under the Quarantine Law for breach of the Regulations and in practically all cases fines have been inflicted.

18. The appointments of Health Officers at the ports of Port Antonio and Montego Bay were abolished and the system of Visiting Officer again reverted to.

A Health Officer at Port Antonio is desirable inasmuch as the ships are arriving at that port from places from which they did not arrive so frequently formerly.

The danger to a community does not exist in the number of vessels arriving at any port but in the place from which such ships arrive. One barque from a South American Port would probably do more harm than a thousand steamers from a well regulated English or French Port.

19. Dr. Saunders was granted leave of absence and the Hon. H. A. L. Simpson was appointed a member during the leave. Dr. H. H. Scott was also granted leave in order that he might offer himself to the R.A.M.C. for war service in Europe or elsewhere, and Dr. D. J. Williams was appointed to act during his absence.

20. In May, 1915, the Quarantine Board suffered a great loss through the death of the Health Officer at Port Royal, Dr. Donald Neish. He possessed all the qualities required for an efficient and trustworthy Health Officer, and his death at such an early age is to be deeply regretted.

Dr. E. R. C. Earle, M.B., London, was appointed Health Officer in succession to Dr. Neish.

21. The Colony has remained free from plague, cholera, smallpox and yellow fever during the year

CHARLES DON,
Secy. Quarantine Board.

The following extract is taken from the United States Public Health Report, Volume 31, Number 19, May 12, 1916, and is worth recording:

Louisiana, New Orleans, Plague eradication.
Plague Rat.
Case No. 287.
Address S. S. Trevelyan from Karachi, India and Newcastle, England.
Captured April 7, 1916.
Diagnosis confirmed April 22, 1916.
Treatment of ship—Deratization by fumigation.
Plague rats confirmed—1.

(The same Health report states that between November 7 and 20 there were 2 cases of human plague at Karachi and two deaths).

From the above it would appear that the S. S. Trevalyan sailed from Karachi, India, a Plague infected Port and that she called at Newcastle, where presumably she discharged and took on cargo, that she then sailed from Newcastle to New Orleans where on investigation a Plague infected rat was found on board her. No mention is made of any human plague having occurred on board.

This case seems to indicate firstly: that plague among rats may exist on board a ship and that the said ship may go from port to port carrying its plague infected rats with it; and secondly, that a ship may go a very long distance with rat plague on board, in fact may travel for several weeks in such condition without of necessity any person on board becoming infected.

One takes it for granted that Newcastle is free from rat plague.

One often hears it stated that it is very absurd to disinfect a ship that has come from an Indian or other port where plague exists if such ship has since leaving such above port called at an English port (possibly having discharged and taken on cargo). The above case recorded in the United States Public Health Report, Vol. 31, No. 19 of May 12, 1916, would seem to show that one cannot be too careful with a ship that has been to a Plague infected port and which ship has not been disinfected since calling at such port, although she may have called at a port in another country since leaving the plague infected port.

J. Errington Ker,
Chairman Quarantine Board.

---

41. Summary of Operations financial year, 1915-16.

Operations.	Cases.	Deaths.
Abscesses, incisions of	459	
Abdominal Section—		
(a) Appendectomy	1	1
(b) Laparotomy	12	3
(c) Volvulus of Sigmoid	3	1
(d) Hysterectomy ..	11	
(e) Ovariotomy ..	3	
(f) Paracentesis Abdominis	22	
(g) Ectopic Gestation	2	
(h) Washing out stomach	30	
(i) Resection of gut ..	1	1
(j) Tapping Abdomen	3	
(k) Suturing Perineum	1	
(l) Intestinal Obstruction	1	
(m) Draining Plearal Cairty	1	
Aneurism—		
Ligature of Artery ..	4	
Amputations—		
(a) Foot (Symes) ..	7	
(b) Leg (Thigh) ..	29	
(c) Digits	91	
(d) Penis	16	
(e) Forearm ..	9	
(f) Breast	12	
(g) Metatarsal Bones	1	
Bladder and Urethra ..		
(a) Stricture, dilation of	115	
(b) Internal Urethrotomy	6	
(c) External Urethrotomy	4	
(d) Perineal Section ..	14	1
(e) Prostatectomy ..	1	1
(f) Penineal Abscess ..	7	1
(g) Exbravasation of Urine	1	
(h) Retention of Urine	17	1
(i) Paracentesis of Bladder	2	
(j) Washing out Bladder	22	1
Bones—		
(a) Carus	4	
(b) Necrosis ..	28	
(c) Osteotomy ..	4	
(d) Periostotomy ..	1	
(e) Sequestrotomy ..	25	1
(f) Ununited Fractures	1	
Eye on—		
(a) Pterygium ..	6	
(b) Conical Cornea ..	1	
(c) Extraction of Cataract Iridectomy ..	5	
(d) Extraction of Cataract without Iridectomy	2	
(e) Needling Cataract	3	
(f) Exterpation of Globe	2	
(g) Cyst of Eyeball ..	1	
(h) Hypopion Neratitis	1	
Foreign bodies removed from—		
(a) Ear	10	
(b) Foot	9	
(c) Nose	7	
(d) Eye	3	
(e) Hand	4	
(f) Finger ..	1	
(g) Chest ..	2	
(h) Leg	1	
(i) Forearm ..	1	
Face, Nose Mouth, etc.—		
(a) Nasal Polypus (rem)	8	
(b) Tonsils removed ..	42	
(c) Cauterising Ulcer of Mouth	2	
(d) Tracheatomy ..	1	
Joints—		
(a) Arthrotomy ..	3	
(b) Reduction of ..	3	
(c) Ankylosis ..	4	
(d) Excision ..	3	
(e) Tapping Knee Joint	2	
(f) Paracentesis of .. Knee Joint ..	1	
(g) Incision into Knee		

Operations.	Cases.	Deaths.
(h) Aspirating Knee	2	
(i) Breaking down ahdesions of Knee Joint	1	
Lymph Glands—		
(a) Excision of	64	
(b) Scraping and Cauterising	14	1
Hernia—		
(a) Reduction of	3	
(b) Radical cure for	29	1
(c) Hernia for Strangulated Hernia	11	3
Fractures—		
(a) Simple and Compound	195	2
Male Generative Organs—		
(a) Paraphymosis	6	
(b) Radical cure Hydrocele	12	
(c) Tapping Hydrocele	18	
(d) Circumcisions	144	
(e) Chancroids, Cauterising	44	
(f) Slitting up Prepuce	4	
(g) Unilocular Orchectomy	2	
(h) Radical cure Varicocele	1	
(i) Phymosis	1	
Female Generative Organs—		
(a) Curetting	90	1
(b) Atresia Vagina	1	
(c) Incomplete Abortion	1	
(d) Cauterising Ulcer of Vagina	4	
(e) Retained Placenta	1	
(f) Hamatoma Vulvoe	1	
(g) Posterior Colporrhaphy	1	
(h) Delivery by Forceps	3	
(i) Dilatation of Cervix	1	
(j) Amputation of Labia	1	
(k) Ventral Fixation	2	
(l) Elephantiasis Patendi	4	
(m) Excision of Sabia Majora	1	
(n) Version and Extraction	2	
(o) Visico Vaginal Fistula	4	
(p) Imperforate Vaginal Canalisation	1	
(q) Amputation of Cervix		
Rectum and Anus—		
(a) Fistula in Ano	5	
(b) Stricture of	4	
(c) Hæmorrhoids, Thermo-cautery	2	
(d) Hæmorrhoids, Legaturing of	22	
(e) Radical cure for Hæmorrhoids	7	
Nails removed	18	
Plastic Operation, Arm	4	
Dislocations—		
(a) Shoulder	6	
(b) Jaw	1	
(c) Separation of Symphisis	1	
(d) Dislocation of Ulna	1	
(e) Dislocation of Knee	2	
(f) Dislocation of Hip	1	
(g) Dislocation of Thump	1	
(h) Dislocation of Claviele	1	

Operations.	Cases.	Deaths.
(i) Dislocation of Elbow	1	
Incisions, Cellulitis and Carbuncle	33	
Trephining and cleaning Mastoid Cells	1	
Tendons—		
(a) Saturing of Wounds	153	1
(b) Tenotomy	3	
Tumours and Cysts—		
(a) Carcinoma	13	
(b) Antral Tumour	1	
(c) Bursal Tumour	1	
(e) Adenoids	10	
(e) Cystic Tumour of Jaw	3	
(f) Cystic Tumour of Breast	2	
(g) Hœmatoma pectorales Major	3	
(h) Fibroma	7	
(i) Lipoma	7	
(j) Mibomian Cyst	9	
(k) Sebaceous Cyst	9	
(l) Cystic Adenoma	1	
(m) Removal of new Growths	3	
(n) Growths, Excisions of	3	
(o) Ganglion	1	
(p) Sarcoma	1	
(q) Epulis	1	
(r) Examination under Chloroform	22	
Scraping Chronic Ulcers	79	
Extraction of Teeth	405	
Slitting up Sinus	48	
Miscellaneous—		
(a) Paracentesis Thoracis	6	
(b) Wounds, Saturing of	15	
(c) For Slughing Phagedoena	29	
(d) Ligaturing Veins	1	
(e) Axcision of Veins	1	
(f) For Gangrene of Hand	1	
(g) Slitting up separated Epiphysis	1	
(h) Removal of Veneral Warts	1	
(i) Exploratory Incisions, foot	1	
(j) Excision of Keloid	3	
(k) Venesection	1	
(l) Incisions, Infected Wounds	16	
(m) Trephining and Raising Depressed Bone	2	
(n) Podolic Version	1	
(o) Podolic Version c	1	
Versico Vaginal Fistula	2	
(p) Transfusion Saline	1	
(q) Excision of Superior Maxella	1	
(r) Removal of Myxoma of Chorion	1	
	2,751	24

Total number of Cases—2,751
Total number of deaths—24
Death rate .872%

42. Summary of Diseases financial year 1915-16.

Name of Disease.	Cases.	Deaths.
Measles	2	
Drowning	1	
Superating Parotitis	1	1
Influenza	2	
Diphtheria	3	
Whooping Cough	2	1
Febricula	1	

Name of Disease.	Cases.	Deaths.
Enteric Fever—		
(a) Typhoid	155	40
(b) Paratyphoid	4	
Puerperal Fever	3	
Dysentery—		
(a) Bacillary	46	8
(b) Amœbic	151	8

Name of Disease.	Cases.	Deaths.
Undefined Fever	3	
Malarial Fever—		
(a) Intermittent	6,677	55
(b) Remittent	137	11
(c) Pernicious R.	18	9
Black Water Fever	5	2
Erysipelas	6	1
Septicæmia	17	12
Tetanus	5	5
Tubercle—		
(a) Pulmonary Tuberculosis	113	39
(b) Disease of Bones	3	1
(c) Gland Affections	13	
(d) Disease of Joints	13	
Psoas Abscess	1	
Peritonitis	1	
(e) Tubercular Ulcers	2	
Leprosy—(a) Tubercular	4	
Yaws	355	
Syphilis—		
(a) Primary	138	1
(b) Secondary	167	4
(c) Inherited	118	4
Syphilis Tertiary	128	7
Gonorrhœa	368	
Scurvy	2	1
Alcoholism	9	
Delirium Tremens	2	
Rheumatism	770	
Rheumatic Fever	1	
Childs Birth	1	
New Growth—		
Non-Malignant	68	
Malignant	68	7
Mumps	1	
Anamia	60	8
Immaturity at Birth	5	5
Debility	72	9
Beri-Beri	8	
Pellagra	2	1
Vomiting Sickness	1	1
Double Itch	2	
Disease of Nerves—Neuritis	143	
Meningitis—		
(a) Cerebro Spinal	12	9
(b) Tubercular	2	2
(c) Other Varieties	18	5
Myelitis		1
Sciatica	1	
Congestion of Brain	3	1
Concusion of Brain	1	
Convulsions	1	
Functional Nervous Disorders—		
Apoplexy	7	2
Neurasthenia	3	1
Paralysis	25	
Chorea	2	
Other	4	2
Epilepsy	29	3
Neuralgia	35	
Hysteria	16	
Mental Diseases—		
Mania	5	
Melancholia	2	
Dementia	9	2
Delusional Insanity	2	
Disease of—		
Eye	280	1
Ear	82	
Nose	10	
Circulatory System	147	18
Respiratory "	589	35
Digestive "	1,438	54
Lymphatic "	166	1
Urinary "	509	51
Generative "	89	2
Male Organs	343	2
Female Organs	402	8
Organs of Locomotion	229	1
Cellular Tissue	531	7
Skin	2,863	8
Eclampsia	1	
Parburition	2	
Pregnancy	37	
Undefined	33	
Exhaustion	3	
Parturition	1	
Injuries, General	108	10
do Local	1,750	31
Malformation	3	
Poisons	9	1
Hookworm Disease	434	4
Anchylostoma Dwodenale	1,665	8
Ascaries Lumbricoides	273	4
Oxyuris Vermicularis	6	
Trichina Spiralis	65	
Filarial Diseases	1	
Ringworm	6	
Pediculosis	2	
Myiasis	1	
Itch	128	
Any Other Variety	7	
Chigoes	26	
Ptomaine	1	1
No Disease	1,490	
Total	23,785	516

Cases—23,785
Deaths—516

I have the honour to be,
Sir,
Your obedient Servant,
J. ERRINGTON KER,
Superintending Medical Officer.

The Hon. The Colonial Secretary,
Kingston.

Annual Report on the work carried out in the Government Bacteriological Laboratory, April, 1915-*March,* 1916.

Pathological Laboratory, Public Hospital, Kingston, Jamaica,
May, 1916.

The Honourable,
The Superintending Medical Officer.
Sir,

I have the honour, in the absence of Dr. Scott to report upon the work carried out in the Pathological Laboratory during the year 1915-1916.

It will be seen from a perusal of Table I appended to this report that the number of specimens examined during the twelve months amounted to 12,720, a figure which corresponds fairly closely with that of the year before. The departure of Dr. Scott for England about the middle of November has necessarily made it difficult to carry on the Routine work of the Laboratory, and accordingly there has not been as much time for Research work as one would have liked.

During the period under review, there has been no addition to the staff of the Laboratory which consisted of the Laboratory Assistant, a washer up and a Typist, although Dr. Scott in his last Annual Report drew attention to the fact that the work was being carried on at very high pressure and that an extra washer was an absolute necessity.

Following the classification adopted in previous reports, the work may be divided into two main groups: I. Routine, II. Special Research.

Under I. *Routine Work*—

1. Widal Examinations for Enteric Fever.
2. Blood Examinations for Parasites—Malaria, Filaria, Enumerations of Leucocytes, etc.
3. Examinations of Excreta for Helminthiasis, dysentery, etc.
4. Examinations of Pus, Urines and Sputa.
5. Examination of Rats.
6. Bacterioscopic Analyses of water samples.
7. Autopsies performed at the Public General Hospital, Kingston.
8. Histological examination of Tissues.
9. Micellaneous comprising Wassermann Reactions, Preparation of Vaccines, Cerebro Spinal, Pleuritic and other Fluids, Throat Cultures for Klebs Leeffler Bacillus, etc.

II. *Special Research*—

1. Vomiting Sickness.
2. Pellagra.
3. Peripheral Neuritis.

I.—ROUTINE WORK.

1. *Widal Examinations for Enteric Fever*—The number of specimens falling under this group totalled 1,158. Of these 329 or 28.4% gave a positive reaction; 751 or 64.8% were negative and 78 or 6 7% were doubtful. The reasons for the extensive prevalance of this disease were fully discussed in Dr. Scott's paper which was published in the Annals of Tropical Medicine and Parasitology for July, 1915, under the title of "An Investigation into the causes of the Prevalence of Enteric Fever in Kingston, Jamaica, with special reference to the question of unrecognized Carriers."

The conditions which existed then are presumably still in operation, and there is therefore no necessity in further labouring the points already put forward,

A B.Typhosus infection was diagnosed in 282 cases.
A B. Parat. A " " 16 "
A B. " B. " " 1 "
A B.Typh. & B.Parat A " 28 "
A B.Typh. & B.Parat B " 1 "

2. *Examinations of Blood Smears.*—1,352 of these were examined, 1,269 were sent up for examination for Malarial Parasites with 385 positive results, distributed as follows: In 339 P.Falciparum was present alone, in 2 it occurred in combination with P.Vivax and in 2 with P.Malariæ.

P.Vivax occurred alone in 22 cases, P.Malariæ alone in 19. On only one occasion was the small type P.Pertenue met with.

Several thick blood films were submitted for the detection of micro-filariæ, but the latter were not found in any single instance.

The remainder of the investigations belonging to this group consisted mainly of differential leucocyte counts, undertaken in early cases of suspected Lobar Pneumonia or Deep Suppuration or for the detection of Latent Malaria or Helminthiasis.

An investigation to ascertain the value of the Arneth count of leucocytes in the tropics was also undertaken and although the subject has not been gone into very deeply, it would appear that the index of health set forth for temperate climates does not hold good in the tropics; in persons to all appearances quite healthy, there is a decided movement of the picture to the left.

3. *Fœces.—Examinations of fæces for Dysentery Worms, etc.*—As regards Dysentery, Pathogenic Amoebae were found in 117 out of 234 specimens of suspected Dysenteric stools, and Balantidium once.

Helminthiasis Altogether 6,503 specimens of Faeces were examined for this—almost double the number for last year. The reason for this increase was that it was thought desirable to observe the effect on Ankylostoma, of the various methods of treatment which have been advocated from time to time. Amongst the stools examined, 1,063 were in connection with the first batallion of the Jamaica Contingent, and the detailed results are set forth in a special table at the end of the report. It will be noticed that 70% of the men were found to be infected with Hookworm, a number which corresponds closely with the average percentage for the whole Island; this is what one would expect as the men were recruited from almost every parish.

The results of the treatment which they were made to undergo are also set forth in the same table, permission to make use of this knowledge having been obtained from Colonel Rhodes, S.M.O. at Camp. The men were given 90 grains of Thymol in one day, in 3 doses of 30 grains each at an hour's interval, the proper precautions as regards diet, recumbent posture and subsequent purgation being taken. A certain number of those, whose stool still contained Ankylostoma ova after the first treatment, were subjected to a second course, and if not free agan to a third course. Unfortunately the battalion had to leave before the men had all got rid of their parasites.

At the suggestion of the Deputy Inspector General of Police, an investigation of the fœces of the

Recruits on their joining the Police Force, was also carried out. 80 infected men were treated and their stools re-examined a week after. Of these 56 were now free from ova, a much higher percentage after a first course of treatment than that of the Contingent men. The method adopted in this case consisted in the administration of 180 grains of Thymol, spread over three days, in doses of 60 grains each day.

Dr. Peck's cases at the St. Catherine District Prison also afforded an opportunity of studying the effects of Thymol, Quassia, and Oil of Chenopodium, and establishing a comparison of the respective efficacies of these drugs. 348 patients who were known to harbour Ankylostoma were given two doses of 30 grains of Thymol each at an interval of 2 hours, on an empty stomach preceded and followed by Epsom Salts. The results correspond fairly closely with those obtained in the case of the Contingent Recruits. 119 other patients were given 6 ozs. of Infusion of Quassia (150 grains to 1 pint of water) under the same conditions as the above. 94 i.e almost 80% still contained hookworm ova, a week after. I may say that these experiments with Quassia are still being continued the drug being given for a whole week, and that so far the results are practically the same.

20 more cases were treated with Oil of Chenopodium, of which only a small quantity was available at the time and the ova disappeared from the stools in 14 cases i.e. 70%. The number of patients experimented with, in this instance, is not sufficiently large to allow of any definite opinion being formed but the potency of Ol. Chenopodi is further borne out by the 20 cases from the Kingston Penitentary who were given this drug with Thymol (either before or after) and the number of negative stools was 18, i.e. 90%

It was also noted that Chenopodiol has the additional advantage of causing the other common intestinal helminths that occur in combination with Ankylostoma to be expelled at the same time.

The Conclusions that are to be drawn from these experiments are—

(1) that Quassia is of very little—if of any—use against Hookworm.

(2) That Thymol is *not* an ideal specific.

(3) That Ol. Chenopodii appears to be a very powerful anthelmintic, though further observations are sitll necessary to establish this point.

(4) that the best result is to be obtained by making use of both Thymol and Ol. Chenopodii, at a suitable interval;

(5) that the problem of total eradication of Ankylostomiasis is deserving of the most earnest attention, and will not be solved by drugs only, the education of the native and coolie populations as to the proper use of latrines, and the adoption of other sanitary measures together with general medical supervision being of the utmost importance.

4. *Urines, Pus, Sputa, etc.*—This group accounted for 752 specimens and the usual investigations were asked for and carried out. Pulmonary Tuberculosis is decidedly more common than one would expect in such a climate.

Tubercle Bacilli were present in 122 out of 357 sputa submitted for examination, i.e. in almost 35%.

5. *Rats for evidence of B.Pestis infection*—Nearly 1,500 of these rodents were examined during the year but in no instance was B.Pestis discovered. The Rats were mostly from Kingston and from various parts of the country but in addition there were several, which had been found dead in the holds of vessels coming from Plague Infected ports, after fumigation of the said vessels.

6. *Water Analyses*—98 samples of water altogether were submitted for Bacterioscopic examination: 80 from the Kingston Water Supplies; 12 from Mandeville; 2 from Stony Hill; 2 from Montego Bay; 1 from Black River; 1 from Christiana.

7. *Autopsies performed at the Public General Hospital*—

8. *Histological Examinations of Tissues.*—These two groups do not call for any particular comment as their interest is chiefly scientific.

The number of Autopsies amounted to 116 whilst the tissues totalled 263. The majority of the latter were from animals experimented upon with Ackee extract and from cases of Pellagra (see later).

9. *Micellaneous*—Under this heading are classed Wassermann Reactions, the preparation of vaccines estimations of the Rideal Walker coefficient of Disinfectants, Swabbings from suspected Diphtheritic throats, Gastric Contents, Cerebro Spinal and other fluids, etc.

Wassermann tests were carried out, some for the sake of diagnosis and some for the purpose of controlling treatment in cases of already well established syphilitic affections. Except for slight variations the same technique has been persevered in and the results as far as one has been able to judge have been on the whole very satisfactory.

Here are also included the various objects such as articles of clothing, knives, etc., which were submitted by the Police for the identification of seminal and blood stains. They numbered 25. This particular work has been transferred to this Department from that of the Island Chemist, during the last four months and has necessarily taken up much time. The question of the Precipitin test in connection with the examination for and the detection of, blood stains, has naturally cropped up. An attempt was accordingly made to obtain from Rabits precipitating serum against human serum, but the experiments so far have not met with any success, the sera being either too turbid or else of too low a titre to be satisfactory, but the experiments are being continued and meanwhile inquiries have been made as to whether a precipitating serum can be obtained in England.

II.—Research Work.

1. *Vomiting Sickness*—Just before sending in the last Annual Report Dr. Scott had gone to the Montego Bay District to investigate a very virulent outbreak of Vomiting Sickness, and he set forth in that report very cogent arguments supporting the hypothesis that the condition was due to an intoxication by a poison contained in the fruit of unripe or unwholesome Ackees, the botanical name of which is Blighia Sapida. He had been led to this conclusion by the fact that in almost all cases, it was possible to obtain evidence of the ingestion of ackees or ackee soup prior to the onset of the symptoms. It was necessary to fulfill the remainder of Koch's Postulates before definitely incriminating the ackee, and accordingly some animal experiments were undertaken during the year now under review. The following is a short summary of the work carried out in this connection a complete and detailed account having already been submitted to the Secretary of State for the Colonies last November.

In order to simulate as closely as possible the conditions under which, by this hypothesis, cases of Vomiting Sickness occur, some ackees were obtained which appeared good except for the fact that they were unopened, or had been forced open after being gathered. These suspected ackees were then boiled with water in the same way as that in which the fruit was used in Montego Bay and the outlying districts of Salt Spring, Granville, etc., in making the "soup" or "pot water." This ackee extract, as it may be called, was then filtered and used for experimental administration to animals. The extract thus obtained is a liquid of the colour of weak tea and of the consistency of thick soup, with a layer of oily matter like melted butter, floating on the surface. The animals employed, were three kittens and one dog, and the extract was administered intragastrically, thus carrying on the conditions under which the potwater is taken in the country districts.

Kitten 1:—To all appearances healthy, 5 weeks old, weighing 500 grammes.

On March 28th, 1915, at 11 a.m. a dose of 5 c.c. of the watery extract was administered. At 11.30 a.m. it suddenly vomited yellowish brown watery matter and seemed to be heavy and dull for half an hour or so, but was not comatose. During the afternoon it recovered apparently completely and by 4 p.m. was quite lively. The only other food given was fresh milk.

The next day March 29th, it seemed to be quite well and had taken the milk provided. At 12 noon 12 c.c. of the same extract was given in the same way. At 1 p.m. vomiting set in and was repeated during the next half hour, after which the kitten again improved and began to play about. At 3 p.m. another 10 c.c. was given. Vomiting again ensued, this time 45 minutes after the taking of the extract, the animal became dull and sonnolent and could only be roused with difficulty; it could not walk but lay limply. Between 4 and 5 p.m. this sonnolence deepened to coma and death took place the same evening. No convulsions were observed. The total amount given was about equivalent to the extract obtaned from one ackee."

Kitten II.—"Quite healthy, six weeks old, weighing 555 grammes. On April 29th at 11 a.m. 5 c.c. of freshly prepared watery extract of unopened ackees were administered intragastrically. Within the next hour, repeated vomiting occurred and the kitten was inclined to lie down. By 1 p.m., it was again lively and running about, and to all appearances had quite recovered. Some fresh milk was given. At 2 p.m another 7 c.c. of the extract was given and then followed the same symptoms, but more severe than after the first dose. The animal was now drowsy, almost sonnolent but could be roused. Some milk was left for food during the night and by the following morning the kitten appeared well again and was playful. At 11 a.m. on the next day 10 c.c. of the same extract was administered; vomiting set in at 11.50 and the attacks were repeated with intervals of improvement in the general state. At 2 p.m. another dose, the same in quantity as the last, was given and at 3 p.m. the vomiting was again severe and the animal was very drowsy, the head nodding with sleep, the kitten frequently rolling over on to its side as with muscular relaxation in sleep, and then temporarily rousing up. 15 c.c was administered at 4.10 p.m. and the animal died the same evening. The equivalent of about two ackees was given in all.

Kitten III.—6½ weeks old, quite healthy, weighing 585 grammes. At 12 noon on April 23rd, 5 c.c. of fresh extract prepared as before was administered. At 12.45 p.m. the kitten statred to vomit and did so three times between this and 3 p.m. It seemed inclined to lie down before the attacks of vomiting and each time recovered partially and walked about the room. By 4. p.m. it appeared quite well and was playful. The following day, April 24th, there was no signs of disease, the animal being fairly lively. At 10.45 a.m. 20 c.c. of extract was given. For 45 to 50 minutes there was no apparent effect; it then became restless and continually lay down; vomiting occurred four times between 11.30 a.m. and 1 p.m. drowsiness supervened and the animal could only be roused with difficulty. On attempting to walk it was very unsteady. At 1 p.m. another similar dose was given; vomiting ensued almost immediately (very little of this last dose could have been retained) and in a quarter of an hour the animal became comatose and died at 1.35 p.m. There were no convulsions. The extract from 2 ackees was given altogether.

Dog—Female, aged 2 month, healthy and well nourished weighing 1,850 grammes.

On May 10th at 1.40 a.m. 35 c.c. of the extract was administered intragastrically. No symptoms showed themselves till 1 p.m. when the animal was noticed to be unnaturally sleepy; no vomiting had occurred. It had had a good feed of milk, a short time previously, and consequently absorption was probably slow. By 2 p.m. the drowsiness was passing off and the animal was obviously recovering. Another 10 c.c. was given. Within 2 hours the drowsiness had returned, but this was not deep and the puppy could be roused; in fact it took some food in which about 15 c.c. of the extract was mixed.

The next morning though not very lively, the animal appeared well. At 11 a.m. 15 c.c. were administered; at 12.20 p.m. it vomited a considerable amount of yellowish watery material, and seemed to be drowsy. No other symptoms occurred between this and 2 p.m. when 25 c.c. were given. After a similar interval (1½ hours) vomiting again occurred, the animal was sonnolent, lying down all the time drowsy, but not comatose. At 4 p.m. what remained of the extract (about 20 c.c.) was given. In all the puppy took the equivalent of 3 to 4 ordinary ackees. During the evening it vomited and though it took some of the milk provided for it during the night, the animal did not appear well the following morning and was disinclined to move. It was by this time probable that the dog would have died as it was refusing all food, but as it was thought desirable to observe an intermediate stage of the affection, the puppy was rapidly chloroformed at 11 a.m. and the autopsy carried out immediately.

The histological changes noticed in each of the four cases were practically the same, such variations as were observed depending more or less on the amount of time during which the absorbed poison was able to act on the cellular constituents of the different organs. A short description of the microscopic appearances may not be out of place here.

Liver—General engorgement, capillary and venous, portal and hepatic. Extravasations of blood, in several situations especially towards the centre of the lobules. The liver cells showed more or less extensive vacuolization, the condition being particularly well marked in the portal region of the lobules Cell nuclei showed a certain degree of karyolysis small microcellular infiltrations here and there.

Flemming sections demonstrated widespread fatty metamorphosis, 20 or more black droplets being counted in one cell. The fat was generally fairly evenly distributed, but in some lobules, the periphery was perhaps a little more affected.

Kidneys—There was always a marked condition of Hyperaemia. The cortical venules were usually dilated. The Malpighian tufts were intensely congested, showing in every case red blood corpuscles and fibrinous debris in the space between the tuft and the lining capsule. Here and there could be seen spaces from which the glomeruli had dropped out. In the convoluted tubules, the epithelial cell limits were badly defined though the nuclei in most cases stained well, while in parts there was considerable necrobiosis, with ill staining nuclei.

Flemming stained sections demonstrated considerable fatty degeneration of this epithelium, as well as of that of the ascending limbs of the loops of Henle. The lumen of any tubule of which the epithelium had become disorganised often contained amorphous debris, whilst at times definite casts of the epithelial and granular varieties would be encountered. Prominence of the stroma was not always the rule, and where it was observed, it was chiefly in the neighbourhood of a tubule which had lost its epithelial lining, so that the stroma stood out the more as the result of the contrast. Now and again small celled infiltration was seen but this was infrequent.

Pancreas.—The vessels in the interlobular tissue were engorged. The glandular epithelium was in a condition of necrobiosis though this degenerative process varied considerably in different parts of the section, some cells appearing normal whilst others were very granular, cloudy with badly staining nuclei. Vacuolation of the cells occurred here and there. The stroma was usually oedematous, but there were no hæmorrhages seen, except in one case where a fairly extensive hæmorrhage, apparently interstitial in origin had caused considerable destruction of the parenchyma. Flemming's stain demonstrated a widespread, though not severe, fatty metamorphosis which affected the cells of the islets of Langerhans as well as the gland cells proper.

Spleen—The Malpighian bodies were prominent. The organ was generally congested and its vessels engorged. The stroma was in excess of the normal and oedamatous; extravasations of red blood corpuscles, as well as fibrinous and granular blood residue, were observed here and there. The nuclei as a rule stained well, but in the extravasated areas, they took in the stain rather poorly and exhibited Karyolysis.

In the case of one animal, the Flemming sections revealed the presence of minute fat droplets in some of the cells, but this was not observed in the other three cases.

Stomach—The stomach wall did not show any great abnormality beyond patches of congestion with small petechiæ scattered over the mucous membrane. The microscope revealed capillary engorgement affecting this layer and the base of the mucosa with hæmorrhagic extravasations on the surface and amongst the gastric glands.

Lungs—More or less intense congestion sometimes definitely wedge shaped like infarcts. The alveoli were largely occupied by fibrin but some contained corpuscles. The alveolar walls in many cases were broken down so that spaces equivalent to 4 or 5 alveoli were filled with fibrinous debris intermixed with which were occasional leucocytes and epithelial cells.

Flemming stained sections showed no fat.

Heart Muscle—Fragmentation of fibres was noticed together with badly stained nuclei, while the individual fibres showed coarse longitudinal striation with obscured transverse. Congestion and even engorgement of vessels were observed while in some situations, there were minute hæmorrhagic extravasations between the rows of fibres. Tissues fixed in Flemming did not reveal any fatty degeneration except in one case where this process was far from being extensive.

Thymus—Congestion of blood vessels, with some oedema of the stroma and minute extravasations in a few places. Hassall's corpuscles well shown. The nuclei on the whole stained well, but at the sites of the extravasations, and in certain lobules were areas of cells staining badly. There was some microcellular infiltration of the stroma in a few situations, in the case of the dog.

Cerebrum—Meningeal vessels congested, as well as the small vessels of the interior. The nuclei generally stained well and were normally situated in the cell. In the case of kitten 3 and dog, this tissue was taken through Flemming and a peculiar condition revealed. Many of the nerve cells showed minute droplets stained black by the Osmic acid, while several capillaries were observed to contain fat, the picture suggesting a mixture of nerve cell degeneration together with an embolic condition of the capillaries.

Cerebellum—Similar condition of affairs as in the cerebrum. In the case of the dog it was noticed that the cells of Purkinje in some instances, showed fragmentation of the nucleus, while in a few the protoplasm was very granular and no nucleus could be made out at all.

The Flemming sections showed capillaries containing fat droplets as in the case of the Cerebrum but very few of the cells appeared to be affected. Those that were affected were mainly in the close neighbourhood of the capillary from which some emigration of corpuscles had occurred or whose wall had given way.

Mesenteric Gland—Congestion of vessels and general diffuse hyperæmia; extravasations of blood scattered in various parts of the section. These were in most cases seen in the interior of the lobules of the gland tissue. The nuclei of the gland cells, except in the area of extravasation, stained well. Some œdema of the stroma.

At the time that the above investigations were being carried out, there occurred a case of definite Ackee poisoning and the following is a short description of the onset of the condition and of the course of the illness which proved fatal.

On Thursday evening, August 19th, 1915, a family of eight, all of whom were at the time in a good state of health, partook of a meal of ackees gathered from a tree which had been "blown by the hurricane" of the previous week. About two hours later almost every one of the eight complained of feeling sick. Some home remedy (nature not known) was given to all and they experienced some relief. The following morning they still felt ill. During the day three of them began to vomit and one, age 42 years, suffered from convulsions, became unconscious and died the same evening. The others were seen by a medical man who treated them for "irritant poisoning" and reported the cases as suffering from "ackee poisoning." They made good progress.

One member of the family denied that any ackees had been eaten subsequent to the meal on the 19th but others stated that they had had some more on the following day. This would explain the nature of the symptoms in the three individuals mentioned.

The one who died had drunk some of the "soup." During the succeeding six days some of the family still ate ackees for their meals off and on. On Wednesday 25th, at 6 p.m., M.S., a woman of 22 years of age drank the soup and had some of a meal of boiled ackees. About 8 p.m. she vomited and slightly improved. Later, (about 10 p.m.) she had a return of the vomiting, became convulsed, lost consciousness, and died shortly after midnight. Another member of the family was also taken ill but recovered after vomiting.

Having received a telegram relative to this case Dr. Scott went down to the place and carried out a post-mortem examination in the presence of Dr. Ormsby (who had attended the patients) at noon on the 26th.

In this case, then, we have a definite history of a patient in good health partaking of a meal of ackee from a bruised limb. She in common with other members of the family suffered from vomiting and recovered. A week later another meal was prepared with fruit from the same tree. The patient drank the "soup" and also ate some of the solid. Two hours later the symptoms made their appearance and ran their course to a fatal termination in 6 hours or so, and at the post-mortem changes practically identical with those observed in the animals experimented upon, were revealed. The term "Vomiting Sickness" was not used from first to last, but the case showed typically the onset, course and pathological changes of that disease.

I beg here to quote verbatim from his report the conclusions arrived at by Dr. Scott on this matter

"A brief consideration of certain peculiarities and characteristics of the affection will demonstrate
"the similarity—a similarity which, in my opinion, amounts to identity—between Vomiting Sickness
"on the one hand and the experimental results in animals of administration of ackee extract and clinical
"case of definite Ackee poisoning on the other:—

"(1) Peculiar Seasonal Prevalence.
"(2) Its confinement to Jamaica, so far as is known.
"(3) Sudden onset of symptoms in apparent good health, and in the well-nourished as in the
"emaciated.
"(4) The rapid and complete recovery of non-fatal cases.
"(5) Affection of several members in one house or close neighbours in a settlement.
"(6) Its vastly greater preponderance in children.
"(7) No preference as regards Sex.
"(8) White children practically never attacked, East Indians rarely.
"(9) The Pathological Changes set up.

(1) "*Peculiar Seasonal Prevalence.*—The disease corresponds exactly with the main ackee season
"when other fruits and natural foods are relatively scarce. This year the ackee season has continued
"longer than in previous years in my experience; instead of ending in March or early in April the fruit
"has been abundant till well on in May; and, owing to an exceptionally good season of rains at unusual
"times, some trees are even bearing now. Vomiting Sickness cases have been reported this year in
"greater numbers than last year and over a more prolonged period. This correspondence between the
"ackee season and vomiting sickness cases is borne out by records for three or four years past.

(2) "*Limitation to Jamaica.*—As Seidelin states (p. 455 of his report) "The Government of Jamaica
"made enquiries in a circular letter to the authorities of other West Indian islands, with regard to the
"possible occurrence of vomiting sickness in other parts of the West Indies.

"Only two of the answers were quoted by Ker in the Annual Report (1906), the others being in
"the negative. The one positive answer is from Finlay, who mentions an outbreak of 25 similar cases
"with 5 deaths amongst soldiers in Cuba; he suggests that the disease is cerebro-spinal meningitis. No
"particulars are given in the quotation. The other positive answer deals with a disease (in Haiti) which
"has obviously no essential resemblance to vomiting sickness."

"I have made enquiries from those who are in a position to know and I am told that ackees do not
"grow, at all events to any extent, in any other island, and the limitation of the disease to Jamaica would
"thus find explanation. One or two trees only are growing in other islands, but they are looked upon as
"curiosities, and the fruit is not used for food.

"It is true that some ackees are shipped to Colon from Jamaica, but only such as are ripe and open
"or which open within 24 hours of leaving Jamaica.

(3) "*Sudden onset of symptoms in apparent good health,* and in well-nourished, not necessarily ema-
"ciated subjects. The symptoms as has been pointed out more than once, are those of an acute intoxi-
"cation, and those symptoms would depend not so much on the general well-being of the subject as on
"the dose of the poison and the condition of the stomach (whether empty or full) and its readiness for
"absorption.

(4) "*The rapid and complete recovery of non-fatal cases.*—This is practically answered in the last
"paragraph; an acute vegetable poison is taken in small quantity, is got rid of by vomiting, and the
"patient completely recovers. This, one sees, for example in mushroom poisoning.

(5) "*Affection of several members practically simultaneously in one house,* or close neighbours in a
"settlement. These facts are both well supported in the Montego Bay report (see last report, March,
"1915, for details). Several members are affected in one house because they partake of a similar meal
"or the same articles of diet are cooked up together and shared in common. The graded acuteness of
"symptoms mentioned in cases where the adults ate solid, the older children the semisolid, and absorbed
"watery extract, the younger ones the soup or pot-water further bears this out.

"Close neighbours in a settlement are affected because the trees are in and about the settlement
"and all share in the produce.

(6) "*The vastly greater preponderance in children.*—This has been shown in my previous reports
"and is further explained by the fact that they are given the pot-water, the most toxic part—in short

"an extracted poison— and that the lethal dose of a poison is far smaller for a child, generally speaking, "than in the case of an adult; and, lastly, adults know the risks of eating unopened ackees, while children naturally do not.

(7) "*No preference as regards Sex.*—One would not expect a vegetable poison to exercise any sex-"selective powers.

(8) "*Attacking the West Indian native in much greater numbers than East Indian or White.*—The "coolie diet consists mainly of rice and split peas often in the form of curry. Coolies are also fond of "green fruit, such as green mangoes, guavas, jackfruit. They never eat pork or beef, but like goat's "meat when they can get it. After they have been in Jamaica for some time some of them take gradually "to eating saltfish, but never to the same extent as the West Indian native.

"They very rarely indeed eat ackees; a few may do so after they have served their time and are out "of their indentures, and have settled in the island, but even then it is not a common article of diet with "them.

"One who has had a good deal to do with the East Indian in Jamaica tells me that though he believes, "as just stated, that the older coolies occasionally use ackees, he himself has never yet seen them eat it.

"The White buys his ackees in the market where he can see and select his purchases; or, greater "safeguard still, many of them will only eat ackees which are gathered carefully off their own trees.

(9) "*The Pathological Changes set up.*—These have been already dealt with and need not be re-"peated. Some of the specimens from previous cases of vomiting sickness, those from the animals "treated with ackee extract, and those from the case of ackee poisoning described above could not be "distinguished from each other under the microscope, the changes set up are similar. Variations be-"tween cases are explicable by the poison acting more particularly on one organ. Thus, the congestion "and even hæmorrhages which occur may affect particularly the pancreas, for instance, and from this ' point of view two cases reported to me as Vomiting Sickness this year, in which acute hæmorrhagic "pancreatitis was found, might possibly have after all been cases of true vomiting sickness, the poison "acting mainly on this organ. In others the liver may show marked changes due to absorption of the "poison in larger doses from an empty stomach and so on. There is no need to labour this point.

"Having thus, as I believe, at last solved the long debated and vexed question of the so-called "Vomiting Sickness of Jamaica, I will now give a brief summary of the condition, mentioning the main "features of the disease and its investigations. All the details about to be given can easily be con-"firmed by reference to former reports of others and myself on the subject.

Summary.

1. "The term "Vomiting Sickness" has been for many years used as a comprehensive name for "various diseases, including cerebro-spinal meningitis, gastritis, gastro-enteritis, worms, malaria, in "fact, practically any disease occurring in the cooler months and associated with vomiting and con-"vulsions.

2. "During the last ten years opinions have been expressed to the effect that there is an affection "called vomiting sickness whose course of symptoms and post-mortem changes are not those of any "known disease.

3. "The death rate from this affection is exceedingly high, 80 per cent. to 90 per cent. and a fatal "termination occurs in a few hours.

4. "The first systematic investigation into the affection was undertaken by Captain (now Major) "T. J. Potter R.A.M.C., who came to the conclusion "that the majority of deaths ascribed to the so-"called vomiting sickness are due to "Yellow Fever" (1911).

5. "To this succeeded the "Meningitis era," a recrudesence of the older idea that some cases at "all events included under the term "vomiting sickness" died from cerebro-spinal meningitis.

6. "Seidelin's investigation took place the following year, (1913), but, though he was the first "to give a detailed description of the morbid anatomy, he did not succeed in solving the question of "causation.

"He showed however, that there was a definite unexplained condition comprising the majority "of cases reported as vomiting sickness and that the condition was neither Yellow Fever nor Cerebro-"spinal Meningitis.

7. "Investigations into a typical and severe outbreak at Montego Bay in February, 1915, revealed "the fact that in a majority of the cases in which a reliable history was obtainable ackees formed part "of the last meal taken in health, and that this article of food could not be excluded in a single case.

8. "Persons taking the "soup" or "pot-water" made with ackees in certain conditions showed "the most acute symptoms; the onset occurred in two hours and death nearly always resulted.

9. "Salt-fish," a frequent article of diet, is in the country parts used as a euphemism for "salt and "ackee."

10. Ackees under certain conditions are undoubtedly poisonous; among such conditions are: (i) "unopened ackees; (ii) ackees picked from a decayed, bruised, or broken branch; (iii) ackees which have "not opened naturally, but which have been forced open; (iv) ackees with a soft spot in an otherwise "apparently sound fruit.

11. "Much of the poison is extracted by boiling with water.

12. "The symptoms of a case of typical vomiting sickness are: Initial vomiting (gastric in origin) "coming on in apparently perfect health; a period of a few hours improvement, succeeded by secondary "vomiting (cerebral) rapidly followed by convulsions, coma and death. The average total duration "of illness is 12½ hours.

13. "Initial, or secondary vomiting, or convulsions may be absent, but not in a large percentage.

14. "Recovery, so far as I am aware, has never occurred when once convulsions set in, or coma; "and, as a corollary to this, in no cases which recover are convulsions seen.

15. "The affection is largely one of childhood, and shows no predilection for sex.

16. "A reasonable interpretation of the symptoms is: Some poison is taken, or some substance "which acts as a poison after it enters the stomach. If the initial vomiting is sufficient to get rid of this

"substance no further symptoms occur, and recovery rapidly ensues. If this is not the case, there is
"an interval—a more or less quiescent period of absorption—after which there follow symptoms due
to the action of the poison on the higher centres secondary (cerebral) vomiting, convulsions, drowsinesss
"coma and death.

17. "In rare instances the cerebral symptoms are those first noticed (convulsions, drowsiness, coma)
"there is no preceding vomiting—the so-called "Vomiting Sickness without Vomiting."

18. "The pathological changes consists chiefly of general hyperaemia and a tendency to haemorr-
"hages in various organs, fatty metamorphosis especially in liver and kidneys, and necrobiotic changes
"of epithelium in liver, kidneys and pancreas.

19. "Micro-organisms are rarely found in true vomiting sickness cases, and, when present, are
"probably accidental and have no pathological significance.

20. "Intragastric administration of an extract made by boiling unopened ackees with water pro-
"duced in three kittens and one pup the symptoms and pathological changes seen in cases of vomiting
"sickness.

21. "A case of ackee poisoning in a human subject exhibited the same symptoms, course, and post-
"mortem changes, macroscopical and microscopical, as (a) Human vomiting sickness cases, and (b)
"Animals to whom an aqueous extract of unopened ackees had been administered.

22. The characteristics of vomiting sickness, viz—"i. Peculiar seasonal prevalence; ii. its confine-
"ment to Jamaica, so far as is known; iii. the sudden onset of symptoms in apparent good health, and in
"the well-nourished as in the emaciated; iv. the rapid and complete recovery of non-fatal cases;
"v. the affection of several members in one house or close neighbours in a settlement; vi. the vastly
"greater preponderance in children; vii. the absence of preference as regards sex; viii. the rarity of
"occurrence in White children and in East Indians; ix. the pathological changes induced; all find
"explanation in the view that the condition is an acute intoxication by unopened or unwholsesome
"ackees—the fruit of Blighia Sapida."

II. *Pellagra.*—This research did not include a complete survey of all conceivable etiological factors, but was confined to a histological examination of tissues taken from Pellagrins post-mortem with special reference to the possible parasitic nature of the affection. The subjects from which the specimens were taken, were six female patients who died in the Kingston Lunatic Asylum and the department is very much indebted to Dr. Williams and the other Medical Officers of that Institution through whose kindness and courtesy, the specimens could be collected. A detailed account of the investigation was given in the six monthly report for March, to September, 1915, and it is not my intention here to describe the full particulars of the microscopical observations made. It will suffice to state that the General Pathological appearances noticed by previous observers were all present, more or less marked.

There are two points, however, on which I would desire to lay stress:—

(1) *The condition of the Intestines.*—It has been the tendency recently to look upon the alimentary tract, as the great toxin factory in this particular class of nerve diseases. Thus Hamilton Wright maintains that the disease known as Beri-beri is due to a specific germ (a square ended bacillus noticed by him in some cases), which he supposes gets ingested in contaminated food, and after an incubation period sets up an inflammation of the Gastroduodenal mucous membrane, and that the nerve poison is elaborated there and absorbed into the system. This hypothesis of Wright is not at present accepted as a true statement of fact, owing to lack of confirmatory evidence, but it has induced other observers to suppose that in nervous diseases of the same type, the source of the trouble is to be found in a primary inflammatory process of the Intestinal mucosa. Especially might this be the case, they argued, in a condition like Pellagra, which very often is associated with diarrhœa and even melaena. In none of our cases were intestinal lesions at all prominent. Ulceration of the mucosa occurred only once, the ulcers being situated low down in the rectum, and belonging possibly to the "Stercoral" variety. More commonly, congested areas were seen, variable in number, scattered over the mucous lining of both the small and large intestines which to the naked eye were pinkish red in colour and not raised above the surface. Under the microscope, the distinctive feature was an engorgement of the capillaries in the submucous layers with increased connective tissue formation underneath the epithelial lining of the follicles of Lickerkuhn. Bacteria were also seen attacking the epithelial layers but they were in all respects of the type of ordinary intestinal micro-organisms. Leucocytic accumulations were not marked. Judging from the appearances noted, I am inclined to think at present that the implication of the bowel is a secondary phenomenon, brought about by the presence in the system of the toxin whatever that may be and not as the primary focus of infection.

(2) *The Nerve Cell.*—The degenerative processes observed were such as one usually ascribes to the effect of a Neuronic Poison rather than to the agency of a Parasite but owing to there being a very large number of specimens taken from all parts of the Nervous System, it was possible to examine cells in all stages of degeneration; and although there was nothing found at the time, which one could state with any degree of certainty, bore the slightest resemblance to any of the known parasitic forms, yet in many instances, appearances such as minute granules here, or vacuole-like formations inside the cytoplasm there would raise considerable doubt in one's mind as to their exact significance and the impression obtained was that the Protozoal hypothesis cannot be lightly dismissed as yet, especially when the characters of the "Initial bodies" and other stages in the development of the Chlamydozoa are borne in mind. Goldberger and Wheeler, of the United States Public Health Service, within the last year claim to have produced Pellagra in 6 out of eleven subjects who had offered themselves for the purpose of experimentation, by administering to them a restricted diet. The controls who lived under exactly the same conditions except as regards the dietary did not develop any symptoms. If these experiments should receive support from other observers, it is possible that we are rapidly approaching a solution of the problem and it would seem as if Pellagra should be definitely classed amongst ths Deficiency diseases such as Scurvy, Beri-beri, &c., but before this can be done, it will be necessary to furnish explanations of certain pecularities noticed such as the seasonal prevalence of the disease, its distribution, the periodicity of the relapses, etc.

III. *Peripheral Neuritis.*—At the request of the Superintending Medical Officer, I visited the St.

Andrew Almshouse, and examined 5 cases of so-called "Peripheral Neuritis of Jamaica," with the object of

(1) becoming familiar with the clinical aspects of this condition and
(2) carrying out such investigations as might lead to a knowledge of the etiology of the disease.

As already stated the time available for research work was so short, that only a preliminary enquiry could be carried out and it is hoped that the investigation will be pursued at some future date especially if an opportunity of examining tissues post mortem should occur.

I do not propose to give a description of the clinical signs and symptoms which are well known to all practitioners in Jamaica, but the opinion which I was able to form from my observations was that the condition at first sight appeared to be a multiple Peripheral Neuritis attacking chiefly the nerves of the Lower Extremities, but capable also of involving Cranial and other nerves. It is obvious that those diseases which are known to be associated with a Polyneuritis, especially those occurring in the Tropics, would have to be eliminated before one can conclude that one is dealing with a definite clinical entity.

Dr. C. R. Edwards who was lately in charge of the St. Andrew Union Poor House, has published a communication on this subject in the Journal of Tropical Medicines and Hygiene for March, 1916, and in it he states that this disease, in his experience, is essentially of the type known as "Mal de Misere" i.e., one which is associated with extreme povetry, unhygenic surroundings and food deficient in nutritional elements. He gives very good reasons why in his opinion, the condition should not be identified with Beri beri, such as the absence of œdema and dyspnoea, and the duration and course of the illness. As regards Pellagra, he has noticed in a certain proportion of cases eruptions not unlike Pellagrous eruptions. I cannot help thinking that it is open to discussion whether these were not real cases of Pellagra and not cases of Peripheral Neuritis at all, considering that the majority of the patients suffering from the latter affection do not show any characteristic skin lesions beyond the trophic changes one would expect with a diseased nervous system. Lead, arsenic and other metalic posions have not been incriminated by the practitioners who are familiar with this Polyneuritis, because such distinctive signs as Blue line on the gums, Herpes Zoster Ptyalism, etc., which would at once help to fix the diagnosis are never met with. Alcohol is frequently a cause of Polyneuritis not so much because of its specific action on the nerves, but because by inducing a state of disordered metabolism, it leads to lowering of the power of resistance of the tissues, and to their being more liable to attack by bacterial toxins.. In connection with this Neuritis alcohol, per se, could not be indicted as *the* cause, because we should not then expect the disease to be restricted to the poorer members of the community. Whether the form under which the alcohol is ingested, i.e., the Rum commonly consumed by the lower classes, has any bearing on the matter is a subject open to discussion, though a fairly reasonable argument that is brought forward against it, is that boys and adolescents who are also victims of this complaint, have usually few opportunities and little means of taking rum to any great extent. It is noteworthy that three of the patients, I saw, admitted to having drunk rum in the past.

In the Tropics, it is customary when a cause for a Peripheral Neuritis cannot be found, to attribute it to either Malaria or Syphilis. In order therefore to ascertain whether Malaria could be an aetiological factor, I examined the blood of each patient and the results are recorded in a table at the end of this report. No parasites were seen; there was no pigmentation of the leucocytes, no relative increase of the large mononuclears while evidences of anæmia such as nucleation and low Hæmoglobin content of the red blood corpuscles, polychromasia, basophilia, etc., were not encountered. Neither could any enlargement of the spleen be made out. In fact I could not convince myself that Chronic Malaria was in any way responsible for the Neuritis. It certainly was not associated with it. Similarly to eliminate an active syphilitic infection, a Wassermann test was carried out on the blood of each patient, and with one exception—viz., the case of (Ezekiel Douglas) who admitted that he had had Yaws when a boy, and who in addition had peculiar scars on both feet— all of the cases reacted negatively.

Syphilitic Neuritis as generally known, affects mainly the Cranial Nerves, the Neuritis being of the interstitial form, and usually associated with Meningitis or other adjacent lesion. If this disease were a true Syphilitic Neuritis, we would accordingly expect the blood to give a positive Wassermann reaction. Such was not the case. Now Edwards states, in his paper, that from certain observations which he was able, with the help of the late Colonel Harrison to make in three cases, after death, the degenerative process appears to originate in the nerve centres and nerve roots and does not primarily attack the peripheral portions of the nerves; he also describes what one takes to be a degeneration of the columns of Goll and Burdach, and to a lesser extent of the lateral columns of the spinal cord and likens the disease to Tabes Dorsalis, which it certainly would resemble pathologically if these findings should be confirmed. Clinically however, there are many points of difference between Neuritis and Tabes Dorsalis, such for instance as the absence of sphincter involvement, and of the characteristic pupil reaction, and especially the presence of a considerable amount of weakness due to the *motor* Paralysis. In the same way too much attention cannot be attached to the presence of Romberg's signs, because the patients usually in order to stand at all, have to support themselves owing to a great weakness of their Lower Extremities. However the view that the affection is one very similar to Locomotor Ataxy is of the utmost importance, because, as was believed by Colonel Harrison, the picking off of certain definite tracts in the spinal cord and of special nerves suggests a micro-organism as the cause of the trouble, and furthermore, a micro-organism closely allied possibly to that which causes Syphilis. Naturally further researches, especially in the histological line, are necessary, first to determine the exact seat of the lesions, and secondly to detect if possible the presence of Treponemata in the nerve cells, should they prove to be diseased. Unfortunately, I have not had an opportunity of attending any post mortems on a case of Neuritis, and therefore am unable either to support or to refute this hypothesis. In only one of the cases I saw could a history of yaws be obtained, but it must be remembered that pateints of this class are usually suspicious of any questions put to them and are chary of giving any information about their previous illnesses. The absence of a positive Wassermann with the serum does not militate against this view as we know that in Para-syphilitic affections, e.g. general paralysis of the insane, it very frequently happens that a positive Wassermann is given by the cerebro spinal fluid whereas the blood may at the same time be reacting negatively, this being due to the fact that the parenchymatous cells of the central nervous system which are the habitat of the spirochaete are anatomically cut off from the circulation, the pericellular lymp space acting as a meduim of communication between the cells and the blood for the transmission of the nutritional elements and the waste products of metabolism. ~~It may not be amiss here~~ to draw attention to an article by Dr. Percy Ashburn published in the procedings of the Medical Association of the Isthmian Canal Zone, for the half year October, 1914-March, 1915, in which he describes a form of Peripheal Neuritis, attacking youths and adults, endemic in Panama, frequently associated with Malaria and clinically indistinguishable from Beri beri, but occurring in persons who eat largely of beans, meat and fresh vegetables, and in many instances apparently independent of diet. Whether this Neuritis is the same as the one met with in Jamaica or even whether it is at all related to it, it is at preesnt difficult to say, as a pathology in the two conditions has not yet been satisfactorily worked out. Meanwhile his remarks that decreasing wind and increasing rainfall bear a time relationship to the rise of the disease, while the occurrence of stegomyia mosquitoes and of house flies may bear a place relationship, suggest that he recognizes the possibility of a micro-organism being the etiological factor.

I have the honour to be,

Sir,

Your obedient Servant,

H. Catto,

Acting Bacteriologist.

Table I.—Showing the numbers of Specimens examined month by month, 1915-1916.

	April.	May.	June.	July.	August.	September.	October.	November.	December.	January.	February.	March.	Totals.
Widals ..	65	89	91	109	128	91	134	102	101	86	69	93	1,158
Faeces for Helminthiasis ..	217	205	199	393	426	525	1,251	754	589	681	608	555	6,503
Faeces for Dysentery	9	13	25	15	8	4	15	39	25	26	30	25	234
Blood Smares ..	44	57	80	122	123	95	175	131	134	147	146	98	1,352
Pus ..	8	6	11	10	9	8	17	10	6	3	5	7	100
Urines ..	15	29	21	23	27	19	7	11	20	32	28	62	294
Sputa ..	29	22	26	25	18	37	28	32	32	37	39	33	358
Tissues ..	53	34	13	46	33	13	18	25	2	6	9	11	263
Waters ..	7	8	6	10	3	15	12	7	7	11	—	12	98
Autopsies ..	13	9	15	10	13	10	8	12	4	6	8	8	116
Rats ..	178	223	214	175	162	83	96	81	54	53	111	65	1,495
Micellaneous ..	78	102	43	44	42	94	50	52	59	74	46	65	749
Totals ..	716	797	844	982	992	994	1,811	1,256	1,033	1,162	1,099	1,034	12,720

TABLE II.—Numbers of Sera examined by Widal's test for Enteric Fever month by month, with results, 1915-1916.

Month.		Total.	Positive.	Negative.	Doubtful.
April	..	65	25	36	4
May	..	98	29	55	5
June	..	91	22	65	4
July	..	109	33	73	3
August	..	128	38	83	7
September	..	91	35	56	3
October	..	134	39	7	8
November	..	102	17	74	11
December	..	101	17	68	16
January	..	86	21	58	7
February	..	69	23	42	4
March	..	93	30	57	6
Whole Island	..	1,158	239	751	78

TABLE III.—Examinations of Sera sent up from Kingston, with percentage results month by month and for the whole period, 1915-1916.

Month.		Total.	Positive.	Negative.	Doubtful.
April	..	39	35.89	53.85	10.26
May	..	58	29.31	63.79	6.90
June	..	76	25.00	69.73	5.27
July	..	67	26.86	70.15	2.99
August	..	73	27.39	68.50	4.11
September	..	54	27.77	66.66	5.55
October	..	92	21.73	71.95	6.32
November	..	77	11.68	80.51	7.81
December	..	77	15.45	68.83	15.72
January	..	56	25.00	57.14	17.86
February	..	53	30.18	60.37	9.45
March	..	69	33.33	60.86	5.79
Totals	..	791	25.79	66.37	7.83

TABLE IV.—Districts from which blood has been sent for diagnosis of Enteric Fever, with results, 1915-1916.

District.	No.	Positive.	Negative.	Doubtful.
Kingston	791	204	525	62
Port Antonio	62	18	42	2
Mandeville	30	16	14	—
St. Andrew	52	22	24	6
Buff Bay	26	12	11	3
Spanish Town	45	19	24	2
Linstead	16	5	10	1
Alexandria	6	4	2	—
Chapelton	9	7	2	—
Annotto Bay	12	3	9	—
St. Ann's Bay	10	3	7	—
Lionel Town	21	1	20	—
Morant Bay	6	2	4	—
Port Maria	7	4	3	—
Old Harbuor	1	1	—	—
Malvern	1	1	—	—
Lucea	8	1	7	—
Montego Bay	4	2	1	1
Plantain Garden River	22	2	19	1
Richmond	4	—	4	—
May Pen	17	5	12	—
Riversdale	1	—	1	—
Gayle	4	—	4	—
Brown's Town	2	2	—	—
Manchioneal	1	—	1	—
Totals	1,158	334	746	78
Percentages	—	28.63	64.42	6.73

TABLE V.—Details of Helminthiasis in specimens set from various districts, 1915-1916.

District.	No.	Negative.	Anky. alone.	Ax. alone.	Tricho. alone.	All three.	Anky. & Ax.	Anky and Tricho.	Ax. and Tricho.
Annotto Bay	407	51	274	4	3	3	39	27	6
Black River	221	65	34	34	14	26	30	6	12
Kingston	392	127	78	18	40	42	25	47	15
Lionel Town	420	192	132	24	35	3	15	14	5
Linstead	218	15	38	7	12	59	26	41	20
Jamaica War Contingent from all parts of the Island	1,063	283	264	37	77	109	122	144	27
Mandeville	189	21	23	11	7	57	39	17	14
Port Maria	340	11	255	1	1	6	41	23	2
Buff Bay	220	12	170	1	—	11	13	7	6
Montego Bay	84	26	13	8	4	9	14	9	1
Spansh Town	1,756	245	473	69	61	368	259	225	56
Plantain Garden River	231	58	89	7	14	1	27	17	7
Chapelton	128	13	19	6	3	28	17	12	17
Falmouth	183	15	23	6	16	62	12	27	22
St. Ann's Bay	532	17	80	21	15	210	77	72	30
Lucea	91	5	10	1	4	34	6	22	9
Others	31	6	1	2	1	9	2	4	5
Totals	6,503	1,173	1,976	257	307	1,058	764	714	254

TABLE VI.—Percentage of infections by various worms in Districts whence 100 or more specimens were sent during the year April 1915-March 1916, compared with the results for the preceding year.

District.	No.	Positive.	Anky. alone.	Anky. and in combination.	Ascaris alone.	Ascaris and in combination.	Tricho alone.	Tricho and in combination.
Annotto Bay	407	87.46	67.32	84.27	0.98	12.77	0.73	9.58
Black River	221	70.58	15.38	43.43	15.38	46.15	6.33	26.24
Kingston	392	67.60	19.89	48.97	4.59	25.51	10.20	36.73
Lionel Town	420	54.04	31.42	39.04	5.71	11.18	8.33	13.57
Linstead	218	93.11	17.43	75.22	3.21	57.37	5.50	60.55
Jamaica War Contingent, 1st Battalion	1,063	73.37	24.82	60.11	3.47	27.75	7.24	33.58
Mandeville	189	88.88	12.16	71.95	5.82	64.02	3.70	50.26
Port Maria	340	96.76	75.00	95.58	0.29	14.70	0.29	9.41
Buff Bay	220	94.54	77.27	91.36	0.45	14.09	—	10.90
Spanish Town	1,756	86.04	26.93	75.45	3.92	42.76	3.47	40.43
Plantain Garden River	231	74.89	38.52	62.77	3.03	22.94	6.06	21.64
Chapelton	125	89.60	15.20	60.80	4.80	54.40	2.40	48.00
Falmouth	183	91.80	12.56	67.75	3.27	55.73	8.74	69.39
St. Ann's Bay	532	96.61	15.03	82.51	3.94	2.81	63.53	61.46
Whole Island	6,503	82.11	33.85	69.38	3.95	35.87	4.72	35.87
Whole Island previous period 1914-1915	3,334	85.33	33.32	69.49	4.74	37.22	5.25	36.92

TABLE VII.—Relative percentages of varieties of worms present in positive specimens, i.e., percentage of infection based upon positive results, April 1915-March 1916.

District.	No.	Positive.	Anky. alone.	Anky. and in combination.	Ascaris alone.	Ascaris and in combination.	Tricho alone.	Tricho and in combination.
Annotto Bay	407	356	76.96	96.34	1.12	14.60	0.84	10.95
Black River	221	156	21.79	61.53	21.79	65.38	8.97	37.17
Kingston	392	265	29.43	72.45	6.79	49.81	15.08	54.33
Lionel Town	420	228	57.89	71.92	10.52	20.61	15.35	25.00
Linstead	218	203	18.71	80.78	3.44	55.17	59.11	65.02
Jamaica War Contingent, 1st Battalion	1,063	780	33.84	81.92	4.74	37.82	9.87	45.76
Mandeville	189	168	13.69	80.95	6.54	72.02	4.16	56.54
Port Maria	340	329	77.50	98.78	0.30	15.19	0.30	97.26
Buff Bay	220	208	81.73	96.63	0.48	14.90	—	11.53
Spanish Town	1,756	1,511	31.30	87.69	4.56	49.76	4.03	46.98
Plantain Garden River	231	173	51.44	83.81	4.04	30.63	8.09	28.90
Chapelton	125	112	16.96	67.85	5.35	60.71	2.67	53.57
Falmouth	183	168	13.69	73.80	3.57	60.71	9.52	75.59
St. Ann's Bay	532	514	15.56	85.40	4.08	65.75	2.91	63.61
Whole Island	6,503	5,340	37.00	84.49	4.81	43.68	5.74	43.68
Whole Island, previous period 1914-1915	3,334	2,845	39.05	81.44	5.55	43.61	6.11	43.27

TABLE VIII.—Table of Faeces specimens collected from the men of the 1st Battalion of Jamaica Contingent, showing the effect of Thymol treatment.

	No. Sent.	No. and Percentage Positive.		No. and Percentage Negative.	
Before treatment ..	563	390	69.2%	173	30.8%
After 1st treatment with Thymol ..	428	231	53.9%	197	46.1%
After 2nd treatment with Thymol ..	68	45	66.2%	23	33.8%
After 3rd treatment with Thymol ..	4	3	75%	1	25%
Totals ..	1,063	669	63.3%	394	36.7%

TABLE IX.—Table of Faeces specimens showing the effect of treatment with Thymol, Quassia and Oil of Chenopodium.

St. Catherine District Prison.

	No. Sent.	No. and Percentage Positive.		No. and Percentage Negative.	
Before treatment ..	669	539	80.5%	130	19.5%
After treatment with Thymol ..	348	206	59.1%	142	40.9%
After treatment with Quassia ..	119	94	79%	25	21%
After treatment with Oil of Chenopodium	20	6	30%	14	70%
Totals ..	1,156	845	73%	311	27%
Police—					
After treatment with Thymol ..	80	24	30%	56	70%
Penitentiary—					
After treatment with Tyhmol and Chenopodium ..	20	2	10%	18	90%

TABLE X.—Table showing the results of the differential Sencocyte Counts and of Wassermann re-actions in the five cases of Peripheral Neuritis.

Patients.	Polymorponuclears.	Symphocytes.	Sarge Mononuclears.	Eosinophile.	Basophile & Myelscytes.	Wassermann on blood.
Virginia Raingford	62%	29%	1%	8%	—	—
Isidora Clarke	46%	51%	2%	1%	—	—
Isabella Johnson	68%	28%	2%	2%	—	—
Ezekiel Douglass	66%	31%	1%	2%	—	—
Albert Smith	57%	40%	2%	1%	—	—

PUBLIC HOSPITAL.

Report for the year ended 31st March, 1916.

Island Medical Office, Kingston, 23rd June, 1916.

Sir,

I have the honour to forward the Annual Report of the Public Hospital Kingston for the year 1915-1916.

2. During the year it was arranged that 20 beds should be kept for men in training at Camp with the Contingent and at times this number has been exceeded.

3. Dr. Castle has been given permission to go to England to offer his services to the War Office and left on 8.11.15. During his absence Dr. Ross is acting for him, while Dr. C. A. H. Thomson is acting for Dr. Ross and Dr. T. R. Matthews in Dr. Thomson's place under special arrangement.

4. Dr. H. H. Scott, Pathologist, also left for England and has joined the R.A.M.C., Dr. Catto meanwhile acting as Pathologist during Dr. Scott's absence.

5. The work done in the Hospital is recorded by Dr. Ross in his attached report while Dr. DePass' report on the Dental Department is herewith forwarded.

I have the honour to be,

Sir,

Your obedient Servant,

J. E. Ker,

Suptg. Medical Officer.

The Honourable,
The Colonial Secretary,
Kingston.

Public Hospital, Kingston, June 19th, 1916.

Sir,

I have the honour to place before you the Annual Report of the Medical and Surgical cases treated in this Hospital during the year ending March, 31st, 1916.

Table I shows the number of patients treated as in-door patients during the year with results.

The total number being 3,264, of which number 201 remained in Hospital at the end of the year.

The total number of deaths from all causes was 327. The average number of beds occupied daily amounted to 197.

The number of applicants for admission who were rejected for various reasons amounted to 4,597 as against 4,740 in the previous year.

Table 2 gives the average stay of patients in Hospital.

Table 3 gives the number of deaths occurring within 12, 24, 48 and 72 hours after admission.

These cases were all "in extremis" at the time of admission. The total number of deaths under this heading was 138, viz.—under 12 hours 35, under 24 hours 42, under 48 hours 30 and under 72 hours 31.

The total death rate for the year was 10.12% or nearly 2% less than the previous year.

Table 4 gives the number of medical cases treated during the year with results.

The most noteworthy were:

(1) *Malaria*—397 cases with 19 deaths as against 182 cases in the previous year. This great increase of Malaria cases can only be attributed to the greatly increased rainfall during the year under review.

(2) *Enteric Fever*—142 cases with 34 deaths as against 216 cases with 58 deaths in the previous year; i.e. fewer cases occurred while the death rate remained nearly the same.

(3) *Pulmonary Tuberculosis*—During the year 53 cases were admitted with this complaint 14 of which died.

(4) Venereal Diseases—185 cases were admitted of which 16 terminated fatally.

(5) *Dysentery* (*Amoebic*)—During the year 73 cases were admitted with 11 deaths as against 56 cases with 18 deaths in the prevoius year, i.e. an increase in the number of cases but a most gratifying decrease in the death rate.

(6) *Enteritis*—remains much the same as last year—the majority of these cases occur in infants and in my opinion due to injudicious feeding.

Table 5 gives the number of major surgical operations performed during the year.

Tables 6, 7 and 8 give returns of countries, parishes and occupations of patients admitted during the year.

Table 9 shows the number of prescriptions dispensed for Outpatients, Constabulary and Maternity Hospital—also the number of minor surgical operations, out-patient dressings, etc.

Lectures and classes for junior and senior nurses have as usual been regularly conducted by the Matron.

During the year 9 nurses qualified and obtained certificates.

The thanks of the Hospital are due to the many kind people who have given, books, papers, flowers, etc., to the adults and toys picture books, sweets, etc., to the children.

I have the honour to be,

Sir,

Your obedient Servant,

G. H. K. Ross,

Acting Senior Medical Officer.

The Suptg. Medical Officer,
Kingston.

The Dental Laboratory, Public Hospital,
8th June, 1916.

Sir,

I have the honour to present the following report on the working of the Laboratory during the year ending 31st March, 1916.

I have prepared the figures in the form of a comparative statement for the past three years and I think they bear ample testimony to the now fully grown proportions of the Department.

With the exception of the increase in numbers, the nature of the cases offering was pretty much the same as in previous years, but in a few instances a little variety was however introduced by applicants asking to be supplied free with plates and even with crowns. These I had to disillusionise and point out to them the limit to which even a paternal Government could afford to go, in providing dental relief for its subjects.

	1913-14.	1914-15.	1915-16.
Cases treated	1,276	1,966	2,392
Extractions	1,504	2,539	3,236
Filling of roots	—	—	10
Removal of nerves	—	7	10
Treatments	—	107	16
Fillings	24	20	192
Removal of necrosed process ..	8	6	7
Treatment of Pyorrhoea ..	16	—	39
Mouth washes (bottles) ..	—	80	121
Minor Surgical Operations ..	—	28	15
Cleaning and polishing (Sets) ..	3	6	12
Capping Nerves	—	—	3

During the year I found it necessary to install a second chair in the Office in order to accommodate my partner in practice Dr. E. C. Melville, without whose valuable help it would have been impossible for me to overreach the volume of work which presented itself, but even our united efforts were only able to cope with it by putting in a considerable amount of "overtime."

A feature of the year's work was the decision of the Government to afford fillings to the teeth of the men of the War Contingent in all cases were such were indicated, and to this decision is to be attributed the large increase in the figures under this heading. I hope as I firmly believe that his benign provision will have the effect of making an otherwise thoroughly "efficient" do his best at a moment when his best is required, rather than have to fall out to obtain relief for a "dreadful ache."

I have the honour to be,

Sir,

Your obedient Servant,

S. C. DePass, D.D.S.,

Surgeon Dentist to the Public Hospital.

The Chief Medical Officer and Director.

Summary of Financial Year, 1915-1916.

TABLE I.

	Males.	Females.	Total.
Patients remaining in Hospital 1st April, 1915	104	88	192
Patients admitted during the year 1915-1916	1,694	1,378	3,072
Total patients treated	1,798	1,466	3,264
Of those were cured	1,266	1,003	2,269
Of those were relieved . .	172	144	316
Of those were not relieved . .	76	75	151
Of those died	172	155	327
Remaining in hospital, March 31, 1916	112	89	201
	1,798	1,466	3,264

Death Rate 10.12%

TABLE II.

Daily average number of beds occupied by male patients . .	96
Daily average number of beds occupied by female patients . .	101
Average stay in days of those who died—males	12.72
Average stay in days of those who died—females	11.84
Average stay in days of males discharged	18.78
Average stay in days of females discharged	22.42
Average stay in days of males remaining at the end of the year . .	28.72
Average stay in days of females remaining at the end of the year . .	32.19
Longest stay of any one patient in hospital	282

TABLE III.

Patients who have died within the following hours after admission:—

	Hours.				
	12	24	48	72	Total.
Males	25	20	17	18	80
Females	10	22	13	13	58
	35	42	30	31	138

TABLE V.—Public Hospital, Kingston,—Model Re

DISEASE.	April.		May.		June.		July.		August.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Abscesses—Incisions of	10	1	..	..	6	1	4	1	5	..
Abdominal Section for—										
Appendectomy	1	..	1	..	1	..	1	..	1	..
Ovaritomy	..	..	1	1	..	..	..	..	..	..
Oopherectomy (Double)	..	..	1	..	..	..	..	..	..	..
Hysterectomy	..	..	2	1	2	1	1	..	..	..
Castro—jyunostomy	..	..	..	..	1	..	..	..	..	..
Pyo-Salphynx	..	..	..	..	..	..	..	..	..	..
Exploratory Laparotomy	..	..	2	..	..	..	1	..	..	..
Amputations—										
Leg	..	..	1	..	..	..	1	..	3	..
Hand	..	..	..	..	2	..	..	..	..	..
Breast	..	..	1	..	..	..	2	..	..	..
Penis	..	..	1	..	..	..	..	..	..	..
Finger	..	..	..	..	..	..	..	..	2	..
Toe	..	..	..	..	..	..	..	..	1	..
Bones—										
Sequestrotomy	2	..	1	..	1	..	..	..	..	..
Bladder and Urethra—										
Dilatation of Structure	3	..	2	..	3	..	2	..	2	..
Pereneal Section	2	1	1	..	..	..	..	..	..	..
Supraphubic cystotomy (for stones)	..	..	..	..	..	..	..	..	..	..
Prostatectomy (Freyers)	..	..	..	..	..	..	1	1	..	..
Eye, on—										
Enucleation of eyeball	..	..	..	..	..	..	1	..	..	..
Extraction of Cataract with Iredectomy ..	..	..	1	..	1	..	2	..	..	..
Extraction of Cataract without Iredectomy ..	..	..	..	..	1	..	..	..	..	..
Needling Cataract	..	..	..	..	1	..	..	..	..	..
Face, Nose and Mouth—										
Nasal Polypus	..	..	..	..	..	..	..	..	..	..
Tonsils	..	..	..	..	..	..	..	..	..	..
Adenoids	1	..	3	..	..	..	1	..	..	..
Glands—Removal of—										
Inguinal	2	..	3	..	2	..	6	1	2	..
Cervical	2	..	..	..	1	..	..	..	..	..
Scraping of—										
Inguinal	..	..	..	..	..	..	..	..	..	..
Cervical	..	..	..	..	1	..	..	..	..	..
Hernia—										
Radical cure for	3	..	4	..	3	..	6	..	2	..
Herniotomy for strangulated Hernia	..	..	..	..	..	..	..	..	..	..
Male Generative Organs—										
Radical cure for Hydrocele	..	..	..	..	..	..	..	..	1	..
Radical cure for Varicocele	..	..	..	..	..	..	..	..	..	..
Circumcision	3	..	2	..	2	..	7	..	2	..
Cauterising of Chanchroids	..	..	..	..	..	..	1	..	..	..
Unilateral Orchectomy	..	..	..	..	2	..	1	..	1	..
Female Generative Organs—										
Curetting	5	..	4	..	12	..	6	..	4	..
Recto-Vaginal Fistula	..	..	2	..	..	..	..	..	..	..
Cauterizing Urethral caruncle	..	..	..	..	1	..	..	..	..	..
Amputation of Cervix uteri	..	..	..	..	..	..	..	..	..	..
Rectum and Anus—										
Dilating Rectal Stricture	..	..	..	..	..	..	..	..	..	..
Hæmorrhoids	1	..	..	..	2	..	2	..	2	..
Fistula in Ano	..	..	1	..	..	..	..	..	..	..
Removal of Toe Nails	..	..	..	..	3	..	..	..	1	..
Trephining for Compound drepressed fracture of Skull ..	..	..	..	..	1	..	..	..	..	..
Tumours and Cysts—										
Prepatella bursa	..	..	..	..	1	..	..	..	..	..
Melbomian Cyst	..	..	..	..	..	..	..	..	1	..
Lipoma	..	..	..	..	1	..	..	..	..	..
Fibroma	..	..	1	..	..	..	..	..	..	..
Cystic Tumour	..	..	..	..	..	..	1	..	..	..
Ganglion	..	..	..	..	..	..	1	..	..	..
Sebaceous Cyst	1	..	..	..	..	..	..	..	..	..

port—Nosological Return, Operations, 1915-1916.

September.		October.		November.		December.		January.		February.		March.		Total.	
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
5	..	..	..	..	..	7	..	4	..	6	..	1	..	48	3
1	..	2	..	1	..	..	..	1	..	..	..	..	..	10	..
..	..	..	..	1	1	..	..	..	..	..	..	..	..	2	2
..	..	..	..	..	..	..	..	..	..	..	..	..	..	.. 1	..
..	..	2	..	1	1	..	..	1	1	2	..	..	..	11	4
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	1	..	1	1	..	..	..	..	..	..	2	1
1	..	1	..	..	..	1	..	1	..	..	..	2	..	9	..
..	..	..	..	..	..	2	..	..	..	..	..	..	..	7	..
..	..	..	..	..	..	1	..	..	..	..	..	..	..	3	..
1	..	2	..	..	..	1	..	1	..	..	..	..	..	8	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	1	..	2	..	1	..	..	..	1	..	7	..
1	..	1	..	..	..	1	..	2	..	..	..	..	..	6	..
..	..	1	..	..	..	..	..	..	..	..	..	1	..	6	..
6	..	1	..	2	..	1	..	4	..	2	..	2	..	30	..
1	1	1	1	1	..	..	..	..	..	..	..	..	..	6	3
1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	1	..	1	..	1	..	1	..	2	..	3	..	10	..
2	..	..	..	1	..	..	..	1	..	..	..	1	..	9	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	2	..	..	..	..	..	..	..	1	..	..	..	3	..
..	..	..	..	..	..	..	..	..	..	3	..	1	..	4	..
1	..	..	..	..	..	..	..	1	..	2	..	3	..	12	..
2	..	4	..	..	..	1	..	2	..	3	..	1	..	28	1
..	..	..	..	..	..	1	..	..	..	1	..	1	..	6	..
..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
2	..	1	..	1	..	2	..	1	..	1	..	2	..	28	..
..	..	..	..	..	..	2	..	..	..	..	..	1	..	3	..
1	..	..	..	..	..	..	..	1	..	..	..	1	..	4	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
1	..	11	..	8	..	5	..	..	..	2	..	4	..	47	..
..	..	..	..	2	..	..	..	..	..	..	..	..	..	3	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..
4	..	3	..	5	..	1	..	1	..	5	1	2	..	52	1
..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
..	..	..	..	..	..	1	1	1	..	..	..	..	..	2	1
1	..	2	..	3	..	..	..	1	..	2	..	1	..	17	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
1	..	1	..	1	..	..	..	2	..	1	..	1	..	11	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	1	..	2	..	1	..	5	..
1	..	1	..	..	..	1	..	2	..	..	..	2	..	8	..
..	..	..	..	..	..	..	..	1	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	1	..	..	..	1	..	3	..

TABLE V.—Public Hospital, Kingston—Model

DISEASE.	April.		May.		June.		July.		August.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Miscellaneous—										
Examination	4	..	..	..	..	..	1	..	1	..
Scraping Chronic Ulcers	..	..	2	..	..	..	..	..	..	..
Scraping Sinuses	1	..	..	..	..	..	..	..	..	..
Ligaturing varicose veins	..	..	..	..	..	..	..	..	..	..
Excision of Carbuncle	..	..	..	..	..	..	..	..	..	..
Erasion of Knee joint	..	..	..	..	..	..	..	..	..	..
Extraction of bullet	..	..	..	..	..	..	..	..	..	..
Removal of Warts	..	..	..	..	..	..	..	..	..	..
Exploratory Incisions	..	..	..	..	..	..	1	..	..	..
Ligaturing Arteries	..	..	1	..	..	..	1	1	..	..
Minor operations performed without chloroform—										
Incisions of Abscesses	5	..	5	..	..	..	13	..	17	..
Removal of foreign bodies	1	..	..	..	..	..	..	..	3	..
Dilatation of Stricture	..	..	..	..	..	..	6	..	4	..
Tapping Hydrocele	3	..	..	..	..	..	3	..	1	..
Removal of Tonsils	..	..	1	..	6	..	..	..	3	..
Reducing dislocations	1	..	..	..	..	..	..	..	1	..
Setting fractures	..	..	..	..	..	..	..	..	..	..
Removal of Pterysium	..	..	..	..	2	..	..	..	..	..
Total	50	2	44	2	59	2	73	4	60	..

Report—Nosological Return, Operations, 1915-1916.

September.		October.		November.		December.		January.		February.		March.		Total.	
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
3	..	..	..	..	..	1	..	2	..	1	..	1	..	14	..
..	..	..	..	2	..	1	..	..	..	1	..	..	..	6	..
..	..	..	..	..	..	1	..	..	..	1	..	..	..	3	..
..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	2	..	..	..	..	..	..	..	1	..	3	..
..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..
1	..	..	..	1	..	..	..	..	..	..	..	..	..	3	..
..	..	1	..	..	..	..	..	..	..	..	..	..	..	3	1
14	..	12	..	7	..	6	..	10	..	15	..	15	..	119	..
1	..	2	..	5	..	3	..	..	..	2	..	2	..	19	..
7	..	1	..	1	..	7	..	5	..	5	..	11	..	47	..
2	..	1	..	..	..	3	..	..	..	2	..	6	..	21	..
..	..	1	..	..	..	2	..	..	..	6	..	4	..	23	..
..	..	..	..	..	..	2	..	..	..	..	..	..	..	4	..
2	..	..	..	..	..	..	..	1	..	..	..	3	..	6	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..
66	1	58	1	48	2	59	2	50	1	70	1	77	..	714	18

TABLE VI.

Countries.	No.
Africa	3
America	8
Australia	1
Barbados	2
Belgium	1
Canada	1
Chili	1
China	10
Cuba	3
Demerara	3
Denmark	4
England	24
Finland	1
France	1
Grand Cayman	2
Greece	2
Grenada	1
Holland	2
India	39
Ireland	1
Italy	1
Jamaica	2,938
Japan	1
Malta	2
Mexico	2
Norway	3
Panama	3
Russia	2
Scotland	3
St. Vincent	1
Sweden	1
Syria	2
Trinidad	2
Wales	1
Total	3,072

TABLE VII.

Parishes.	No.
Kingston	2,148
Port Royal	8
St. Andrew	774
St. Thomas	17
Portland	7
St. Mary	27
St. Ann	2
Trelawny	2
St. James	1
Hanover	1
Westmoreland	4
St. Elizabeth	5
Manchester	3
Clarendon	5
St. Catherine	28
Foreign	40
Total	3,072

TABLE VIII.

Occupation	No.
Accountants	6
Apprentices	10
Apiarists	1
Bakers	24
Bailiffs	1
Barbers	3
Blacksmith	6
Boatmen	1
Boilermakers	3
Bookbinders	1
Bricklayers	14
Busmen	13
Butchers	6
Butlers	18
Cabinetmakers	2
Cakesellers	2
Carpenters	64
Cartmen	14
Chauffeurs	6
Cigarmakers	15
Clerks	30
Coachbuilders	2
Coachmen	12
Compositors	3
Conductors	1
Constables	194
Cooks	37
Coopers	5
Draymen	4
Draftsmen	1
Electricians	2
Enginedrivers	1
Engineers	4
Firemen	37
Fishermen	18
Fitters	7
Foremen	2
Gardeners	26
Goldsmiths	5
Grooms	7
Hatmakers	6
Headmen	1
Higglers	83
Housecleaners	1
Inspectors of Poor	1
Jockeys	2
Labourers	334
Lamplighters	1
Laundresses	257
Landladies	1
Machinists	10
Masons	6
Matrons	1
Mechanics	4
Messengers	3
Militiamen	2
Milliners	1
Motormen	5
Musicians	1
None	719
Nurses	41
Painters	10
Peddlers	7
Planters	85
Photographers	1
Porters	4
Postmen	1
Postmistresses	3
Potters	1
Printers	5
Registrars	1
Saddlers	4
Sanitary Officers	1
Sawyers	1
Schoolmasters	10
Seamen	24
Seamstresses	146

Occupation.	No.	Occupation.	No.
Servants	381	Telegraph operators	1
Shipwrights	1	Tinsmiths	1
Shoemakers	22	Trimmers	2
Shopkeepers	12	Typists	2
Shopservers	7	Venders (News)	2
Solicitors	1	Volunteers	198
Stewards	4	Watchmakers	1
Stevedores	1	Watchmen	2
Storekeepers	1	Wharfingers	2
Storemen	10	Wheelwrights	1
Surgeons (Veterinary)	1		
Tanners	3	Total	3,072
Tailors	24		

Table IX.

1915-16.

No. of Patients treated under tickets from Inspector of Poor	543
“ “ Attendances of the above	3364
“ “ Prescriptions made up for the above	4,740
“ “ Casualties treated without tickets	8,588
“ “ Prescriptions for the above	7,508
“ “ Minor Operations performed in Surgery	287
“ “ Prescriptions made up for Constabulary	1,620
“ “ Out-patient’s dressings applied	28,882

VICTORIA JUBILEE LYING-IN HOSPITAL.

Report for the year ended 31st March, 1916.

Kingston, March 31st, 1916.

Sir,

I have the honour to submit the report of the Victoria Jubilee Lying-in Hospital for the year ended March 31st, 1916.

The number of patients admitted during the year was 517 against 651 of the previous year; 343 of the patients were black, 158 coloured, 7 white, 9 coolies ; 166 were married.

There were seven deaths during the year, 3 from puerperal convulsions, 1 from enteric fever, 2 dysentery, 1 Brights disease. No less than 137 were found to have albuminuria on admission, against 81 last year. This was probably due to the year having been a much wetter one than usual.

431 patients resided in Kingston, 77 St. Andrew, 9 in more remote parishes.

The number of infants born was 478, of these 259 were males and 219 females. There were 12 cases of twins, 36 infants were still born, 23 of this number had not reached full term and were macerated, 29 infants died, 20 of these were premature births, 10 had to be resuscitated and only lived from 1 to 3 hours after birth.

Nine pupil nurses were admitted for training, seven passed their examination and were awarded certificates, one did not complete her training, left to get married, one was dismissed for incompetency.

As is usual Mrs. Ker contributed most generously towards the Nurses Xmas dinner, besides giving a pound. On Xmas Day Dr. and Mrs. Errington Ker helped towards making the dinner a huge success by waiting on the nurses, a kindly act which they much appreciated. Mrs. Vincent Townend of Cedar Valley, St. Ann, gave a magnificent turkey and a box of oranges and during the year gave the nurses a tea.

To Mrs. Orrett we tender our grateful thanks for the bundles of baby clothing she sent as Xmas gifts and some to use in cases of necessity during the year. We should be glad to get more gifts of this kind.

I have &c.,

(Sgd.) M. GRABHAM,

Visiting Medical Officer, Victoria Jubilee Hospital.

Hon. Suptg. Medical Officer, Kingston.

SYNOPSIS OF CASES.

Presentations—	
Vortex	446
Unreduced occipito posterior	10
Footling	18
Transverse	4
Operations—	
Version	13
Application of Forceps	10
Cureting	20
For ruptured perinaeum	32
For imperforate anus	1
For retained placenta	8
For abscess on infant's neck	1
For vaginal abscess	1
For concealed accidental hæmorrage	1
Diseases and Deformities affecting the Infant—	
Ascites belly	3
Ceptalhaema tomata	4
Club foot	1
Convulsions	9
Extra fingers	5
Imperforate anus	1
Hæmorrhagic diathesis	1
Ophthalmica	11
Deep frontal indentation	1

Diseases and complications affecting the Mother—	
Abscess vaginal	1
Adherent placenta	8
Albuminuria	137
Colitis	3
Epilepsy	3
Fever, Ephemeral	20
Fever, Enteric	1
Fever, Malarial	6
Heart disease	1
Hydramios	4
Hypertrophy et cervix	1
Hæmorrhage post partem	18
Hæmorrhage concealed accidental	1
Hæmorrhage antipartem	8
Hæmorrhage Secondary	1
Inertia uterine	12
Miscarriage	6
Placenta prævia	6
Puerperal convulsions	14
Prolapse of cord	2
Pellagra	1
Puerperal Mania	1
Rigid Os	4
Tumours, uterine	4
Trombosis of Femoral vein	1
Vomiting pernicious	1
Varicose veins	1

Numerical Summary of results since the opening of the Institution.

Year.		No. of Patients.	Race.				Infants.				Deaths.	No. of Nurses trained.
			Black.	Coloured.	Coolies.	White.	Male.	Female.	Twins.	Still-born.		
1892-93	..	89	67	22	..	..	20	34	..	14	4	4
1893-94	..	219	171	44	3	1	74	85	1	35	9	11
1894-95	..	239	185	48	2	4	76	96	6	27	3	6
1895-96	..	217	187	26	1	3	89	86	3	40	1	5
1896-97	..	378	281	92	4	1	173	189	6	39	7	8
1897-98	..	444	319	120	3	2	229	210	12	36	10	6
1898-99	..	500	345	146	4	5	249	253	13	60	7	10
1899-1900	..	581	382	196	2	1	277	283	11	66	9	9
1900-1901	..	483	339	135	5	4	241	227	6	38	9	9
1901-1902	..	785	589	235	7	4	379	374	10	58	7	8
1902-1903	..	651	429	219	2	1	332	325	19	51	11	12
1903-1904	..	813	596	205	3	9	394	405	21	78	11	9
1904-1905	..	655	475	174	2	4	339	307	20	62	8	11
1905-1996	..	415	248	156	4	7	198	214	8	36	10	9
1906-1907	..	441	352	79	3	7	221	215	15	29	11	6
1907 1908	..	434	270	161	3	—	243	155	14	40	7	8
1908-1909	..	596	400	188	3	5	300	268	7	49	10	6
1909 1910	..	650	380	265	4	1	330	319	10	53	9	7
1910-1911	..	600	382	212	3	3	288	316	15	60	5	7
1911-1912	..	746	581	155	5	5	345	364	16	71	8	7
1912-1913	..	653	446	195	8	4	350	291	18	52	9	7
1913-1914	..	634	417	209	3	5	288	296	13	46	8	10
1914-1915	..	651	433	210	4	4	292	284	9	41	15	7
1915-1916	..	517	343	158	9	7	259	219	12	36	7	7

Financial Return of the Victoria Jubilee Lying-in Hospital for the six years ended 31st March, 1911, 1912, 1913, 1914, 1915 and 1916.

Year.	Average daily No. of beds occupied.	Gross Expenditure.			Receipts.			Net expenditure after deducting receipts.			No. of patients admitted.	Average annual cost per occupied bed calculated on the gross expenditure.			Cost of maintenance alone per occupied bed per diem.			Daily cost per occupied bed calculated on the gross expenditure.			Average annual cost per occupied bed calculated on the net expenditure.			Average daily cost per occupied bed calculated on the net expenditure.		
		£	s.	d.	£	s	d.	£	s	d.		£	s.	d.	£	s.	d.	£	s.	n	£	s.	d.	£	s.	d.
1910-11 ...	17	1,300	3	0	321	1	9	979	1	3	600	76	9	7	0	1	6¾	0	4	2¼	57	11	10	0	3	1¾
1911-12 ...	32	1,355	5	4	392	11	6	962	13	10	746	42	7	0½	0	0	10	0	2	3¾	30	1	8	0	1	7¾
1912-13 ..	30	1,430	12	9	366	8	6	1,064	4	3	653	47	13	9	0	0	11	0	2	7¼	35	9	5¾	0	1	11¼
1913-14 ..	27	1,245	4	3	573	16	4	671	7	11	634	46	2	4½	0	0	9¾	0	2	6¼	24	17	4	0	1	4¼
1914-15 ...	28	1,243	19	1	545	6	1	698	13	0	651	44	8	6½	0	0	8¾	0	2	5	24	19	0½	0	1	4½
1915-16*	23	1,199	12	10	465	2	6	734	10	4	517	52	3	2	0	0	10	0	2	10	31	18	8½	0	1	9

* Includes Patients	...	...	13
do. Pupil Nurses	...	...	7
do. Charge Nurses	..	..	2
do. Head Nurse	...	...	1

LUNATIC ASYLUM.

Report for the year ended 31st March, 1916.

Lunatic Asylum, Kingston,
16th May, 1916.

Sir,

I have the honour to submit the Annual Report of the Jamaica Lunatic Asylum for the year ended 31st March, 1916.

2. The number of inmates on the 31st March, 1915 was 1,399, and the number on the 31st March, 1916, was 1,441 which shews an increase of 42 during the twelve months under consideration.

3. The total number of patients under treatment was 1,731, and a daily average number of 1,427.

4. The admissions numbered 332 and one infant born in the Institution, of these 192 were males and 140 were females.

As may be learned from the statistical tables appended, a number of these had been inmates on one or more former occasions.

5. Of the 144 patients discharged, 140 recovered, 1 relieved, 2 not improved and 1 escaped. Calculated on the number of admissions the rate of recovery was 42 per cent.

6. There were 148 deaths, of these 62 were males and 86 females, which gives a death rate of 10.37 per cent.. calculated on the average number under treatment. This is slightly above the usual average death-rate in this Institution, and is entirely due to a number of senile dements admitted in a moribund condition who die within a few hours or days of admission. Three cases had spent 33, 41 and 43 years respectively in the Institution.

7. The wards and courts have been kept in proper state of repair by the Public Works Department, but the postponement of the erection of another ward for the accommodation of 200 male inmates has resulted in some congestion in the male division. A number of shade trees (cassia siamea) kindly provided by the Agricultural Department were planted in the various courts to protect the patients from the noonday sun.

8. Both the male and female patients were provided with healthy recreation and occupation in weeding the grounds, repairing roads and picking divi-divi, beside being employed with the usual routine work in the wards, kitchen, laundry and sewing rooms.

9. The sea-bathing provided for the convalescent is much indulged in, and appreciated and also the walks in the sea-grove and the grounds.

The usual out and indoor amusements were provided, and we have to thank many kind friends for hearty co-operation and assistance with the entertainments.

10. Books, illustrated magazines and newspapers were received from the following friends of the Institution:—

Mrs. Jordan Andrews, R. S. Haughton, Esq., John Macdonald, Esq., T. F. Clarke, Esq., The Ven. Archdeacon Simms, Leon Celvin, Esq., The Jamaica Institute, The Jamaica and St. Andrew Clubs.

11. His Excellency the Governor appointed Dr. H. E. Bond, Junior Assistant Medical Officer, and Dr. J. S. Myers, Acting Supernumery Medical Officer at the Public Hospital, Kingston, to act respectively as Senior Assistant Medical Officer and Junior Assistant Medical Officer during the leave of absence which was granted to Dr. T. F. Shackleton to proceed to England to join the R.A.M.C. for the duration of the European War.

12. The wards of the Asylum were visited by His Excellency the Governor, the Hon. Robert and Mrs. Trefusis, The Hon. J. Errington Ker, the Superintending Medical Officer, and the members of the Board of Visitors. Mrs. H. Clarence Bourne visited all the female wards on Christmas Day and cheered the patients by her kindly presence and sympathy.

13. Miss Douglas, the Matron, attended several recruiting meetings in the Parishes and proved herself an invaluable recruiting officer.

The Attendants and Nurses subscribed freely to the various war funds, whilst the inmates cheerfully rendered their share of assistance by making a large number of khaki wallets and mufflers for the members of the Jamaica Contingents.

14. The sum voted for the maintenance of the Asylum including a Special Warrant for £2,125 (£600 of which was for Conveyance of Lunatics not previously provided for on Estimates) was £23,956 18s. 10d. The sum spent was £22,946 9s. 6d.

I have the honour to be,
Sir,
Your obedient servant,

D. J. Williams,
Medical Superintendent.

The Hon. J. Errington Ker,
Superintending Medical Officer,
Kingston.

Table I.—Shewing the actual admissions, re-admissions, discharges and deaths during the year ended 31st March, 1916.

	Males.	Females.	Total.	Males.	Females.	Total.
In Asylum 1st April, 1915	..	..	..	692	707	1,399
Cases admitted—						
First admissions	155	115	270			
Not first admissions	37	25	62			
Captured	1	..	1			
Birth	..	1	1			
Total cases admitted during the year ..	..	..	..	193	141	334
Total cases under care during the year ..	..	..	..	885	848	1,733
Cases discharged—						
Recovered	80	60	140			
Relieved	..	1	1			
Not improved	1	1	2			
Escaped	1	..	1			
Died	62	86	148			
Infant removed	..	..	..	..		
Infant died	..	..	..	..		
Total discharged and died during the year ..	..	..	..	144	148	292
Remaining in Asylum 31st March, 1916 ..	..	..	..	741	700	1,441
Average number resident during the year ..	..	..	..	715	712	1,427
Persons under care during the year (*i.e.*, separate persons in contradistinction to cases which may include the same individual more than once) ..				877	845	1,722
Persons admitted including 1 infant born in Asylum do do .				190	140	330
Persons recovered do do	..	..	..	78	60	138

Table Ia.—Shewing the number of previous attacks among those admitted during the year 1915-1916, distinguishing those attacks that have been treated to recovery and discharged.

Number of previous attacks.	Having had previous attacks.					
	All attacks.			Attacks followed by discharge or recovery.		
	Males.	Females.	Total.	Males.	Females.	Total.
Have had 1 previous attack ..	33	29	62	7	4	11
Have had 2 previous attacks ..	13	10	23	5	4	9
Have had 3 previous attacks ..	3	2	5	2	1	3
Have had 4 previous attacks ..	1	..	1	..	..	..
Have had more than 5 attacks ..	2	1	3	1	..	1
	52	42	94	15	9	24

Table II.—Shewing the admissions, re-admissions, discharges and deaths for the past nineteen years ended 31st March, 1916.

	Males.	Females.	Total.	Males.	Females.	Total.
Remaining on 31st March, 1897 ..	...	..	..	345	377	722
Admitted during the last nineteen years ..	2,067	1,985	4,052			
Re-admissions	394	331	725			
Infant born in 1915-1916	..	1	1			
Total number of admissions	..	..	..	2,461	2,317	4,778
Total number under care	..	..	..	2,806	2,694	5,500
Discharged cases—						
Recovered	1,084	1,027	2,111			
Relieved	36	20	56			
Not improved	28	12	40			
Died	914	935	1,849			
Escaped and not captured	3	..	3			
Total discharged and died	..	..	..	2,065	1,994	4,059
Remaining 31st March, 1916	..	..	..	741	700	1,441
Average yearly number resident	..	..	..	519	529	1,048

TABLE III.—Shewing the Admissions, Discharges and Deaths, with the mean Annual Mortality, and the proportion of recoveries per cent. of the Admissions for each of the last nineteen years

Year.	Admitted.			Discharged.												Remained 31st March in each year			Average number Resident.			Percentage of Recoveries. on admission.			Percentage of Deaths on average number Resident.		
				Recovered.			Relieved.			Not Improved.			Died.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1897-98 ..	109	95	204	34	34	68	..	..	..	2	..	2	25	44	69	393	394	787	377	382	759	31.19	36.84	34.01	6.63	11.16	8.89
1898-99 ..	88	80	168	66	53	119	..	..	..	2	2	4	32	31	63	381	386	767	386	388	774	75.	66.25	70.62	8.29	7.98	8.13
1899-1900 ..	96	93	189	34	32	66	1	..	1	2	2	4	38	30	68	402	417	819	390	399	789	35.41	34.41	34.90	9.74	7.52	8.63
1900-01 ..	104	96	200	48	42	90	2	..	2	..	..	..	32	27	59	424	444	868	414	430	844	46.15	43.75	44.95	7.72	6.27	6.99
1901-02 ..	99	83	182	55	48	103	3	1	4	2	..	2	40	38	78	423	440	863	423	439	862	55.55	57.83	56.69	9.45	8.65	9.05
1902-03 ..	118	108	226	41	35	76	..	..	..	..	..	..	25	29	54	475	484	959	456	459	915	43.74	32.40	33.57	5.48	6.31	5.89
1903-04 ..	105	101	206	34	33	67	..	..	..	3	..	3	38	57	95	505	495	1,000	492	480	972	32.38	32.67	32.52	7.72	11.87	9.79
1904-05 ..	124	116	240	53	37	90	..	1	1	3	1	4	37	74	111	536	498	1,034	520	502	1,022	42.74	31.89	37.31	7.11	14.74	10.92
1905-06 ..	134	96	230	52	53	105	11	4	15	1	..	1	44	42	86	562	495	1,057	545	503	1,048	38.80	55.20	47.	8.07	8.34	8.20
1906-07 ..	109	125	234	83	68	151	8	5	13	..	..	..	76	45	121	504	502	1,006	543	505	1,048	76.14	54.40	55.27	13.99	8.91	11.45
1907-08 ..	148	131	279	58	61	119	3	3	6	..	1	1	72	55	127	519	513	1,032	520	513	1,033	39.18	46.56	42.87	13.84	10.72	12.28
1908-09 ..	114	123	237	51	34	85	4	2	6	1	2	3	81	39	120	496	559	1,055	515	535	1,050	44.73	27.64	36.18	15.72	7.28	11.50
1909-10 ..	139	123	262	46	51	97	1	1	2	2	1	3	60	73	133	525	556	1,081	510	571	1,081	33.09	41.46	37.27	11.76	12.78	12.27
1910-11 ..	164	160	324	71	72	143	1	..	1	1	..	1	49	42	91	567	602	1,169	546	591	1,137	43.29	45.	44.14	8.97	7.10	8.03
1911-12 ..	138	130	268	67	77	144	3	2	5	1	..	1	40	51	91	593	602	1,195	581	602	1,183	48.55	59.23	53.89	6.88	8.47	7.67
1912-13 ..	160	189	349	73	61	134	..	..	..	1	..	1	45	50	95	634	680	1,314	625	647	1,272	45.62	32.27	38.94	7.2	7.72	7.46
1913-14 ..	162	156	318	69	89	158	1	..	1	1	..	1	77	53	130	647	694	1,341	637	686	1,323	42.59	57.05	49.82	12.08	7.72	9.90
1914-15 ..	158	171	329	69	87	156	2	..	2	1	2	3	41	69	110	692	707	1,399	670	716	1,386	43.67	50.87	47.27	6.11	9.63	7.87
1915-16 ...	192	140	332	80	60	140	...	1	1	1	1	2	62	86	148	741	700	1,441	715	712	1,427	41.66	42.85	47.25	8.67	12.07	10.37
Totals	2,461	2,316	4,777	1,084	1,027	2,111	40	20	60	24	12	36	914	935	1,849	10,019	10,168	20,187	9,865	10,060	19,925	859.48	848.57	854.02	175.43	175.24	175.33
Average for 19 years	..	..	.	.	..	..	..	.		.	..	..	..	..	..	527.31	535.15	1062.46	519.21	529.47	1048.68	45.23	44.66	44.94	9 23	9.22	9.22

TABLE IV.—Shewing the history of the annual admissions for the past nineteen years, with the discharges and deaths, and the numbers of each year remaining on 31st March, 1916

Year.	Admitted.					Of each year's admissions, discharged and died in the year.												Total discharged and died of each year's admissions to 31st March, 1916.												Remaining of each year's Admissions 31st March, 1916.			Year.
	New Cases.		Re-admissions.			Recovered.			Relieved.			Not improved.			Died			Recovered.			Relieved			Not improved.			Died						
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F	T.	M.	F	T.	M	F	T.	
1897–98	91	82	18	13	204	..	..	..	..	..	..	..	..	..	1	1	2	52	48	100	1	..	1	..	..	..	41	33	74	15	14	29	1897–98
1898–99	80	69	8	11	168	..	..	..	..	..	..	..	..	..	..	..	..	42	33	75	1	3	4	2	2	4	32	24	56	11	18	29	1898–99
1899–1900	86	79	10	14	189	..	..	..	..	..	..	..	..	..	1	1	2	41	44	85	1	1	2	..	..	..	39	28	67	15	20	35	1899–1900
1900–1901	88	87	16	9	200	..	..	..	..	..	..	..	..	..	1	1	2	43	39	82	2	3	5	..	..	..	41	38	79	18	16	34	1900–1901
1901–1902	82	76	17	7	182	..	..	..	..	..	..	..	..	..	1	..	1	37	30	67	..	1	1	4	..	4	49	32	81	9	20	29	1901–1902
1902–1903	104	98	14	10	226	..	..	..	..	..	..	..	..	..	2	2	4	52	37	89	1	..	1	1	..	1	41	34	75	23	37	60	1902–1903
1903–1904	76	70	29	31	206	..	..	..	..	..	..	..	..	..	1	1	2	50	39	89	2	1	3	4	1	5	35	39	74	14	21	35	1903–1904
1904–1905	103	106	21	10	240	..	..	..	..	..	..	..	..	..	..	1	1	59	40	99	..	2	2	1	..	1	46	45	91	18	29	47	1904–1905
1905–1906	100	65	34	31	230	..	..	..	..	..	..	..	..	..	..	..	..	55	52	107	3	3	6	2	..	2	52	27	79	22	14	36	1905–1906
1906–1907	77	93	32	32	234	..	..	..	..	..	..	..	..	..	..	1	1	53	60	113	2	5	7	2	..	2	43	38	81	9	22	31	1906–1907
1907–1908	119	115	29	16	279	2	..	2	..	..	..	..	..	..	..	5	5	64	55	119	2	..	2	..	1	1	44	42	86	37	34	71	1907–1908
1908–1909	92	103	22	20	237	..	..	..	..	..	..	..	..	..	..	2	2	44	46	90	5	1	6	3	2	5	37	50	87	25	24	49	1908–1909
1909–1910	129	107	10	16	262	..	..	..	..	..	..	..	..	..	1	1	2	59	72	131	3	..	3	1	1	2	42	34	76	34	16	50	1909–1910
1910–1911	143	138	21	22	324	2	..	2	..	..	..	..	..	..	2	3	5	69	76	145	1	1	2	..	..	..	45	43	88	49	40	89	1910–1911
1911–1912	124	120	14	10	268	..	2	2	..	..	..	..	..	..	5	2	7	59	60	119	..	1	1	1	..	1	41	33	74	37	36	73	1911–1912
1912–1913	139	178	21	11	349	3	4	7	..	..	..	1	..	1	5	8	13	66	75	141	..	..	..	2	1	3	43	50	93	49	63	112	1912–1913
1913–1914	142	139	20	17	318	8	3	11	..	..	..	..	..	..	5	9	14	65	75	140	2	..	2	1	..	1	34	37	71	60	42	104	1913–1914
1914–1915	137	145	21	26	329	32	29	61	..	..	..	..	..	..	6	16	22	64	75	139	..	..	..	1	1	2	16	35	51	78	60	138	1914–1915
1915–1916	155	115	37	25	332	32	22	54	..	1	1	..	1	1	22	25	47	32	22	54	..	1	1	..	1	1	22	25	47	138	91	229	1915–1916
.	2,067	1,985	394	331	2,777	79	60	139	..	1	1	1	1	2	53	79	132	1026	978	1,984	26	23	49	25	10	35	743	687	1,430	651	619	1280	

Summary of total admissions.		Males.	Females.	Both Sexes.
Percentage of cases	recovered ..	40.84	42.22	41.54
do.	relieved ..	1.05	.99	1.02
do.	not improved ..	1.01	.43	.72
do.	died ..	30.19	29.66	29.92
do.	remaining ..	26.91	26.70	26.80
		100.	100.	100.

TABLE V.—Shewing the causes of Death during the year 1915-1916 with the ages at death.

	Under 15		15 & Under 20		20 & Under 25		25 & Under 30		30 & Under 35		35 & Under 40		40 & Under 45		45 & Under 50		50 & Under 55		55 & Under 60		60 & Under 65		65 & Under 70		70 & Under 75		75 & Under 80		80 & Under 95		Over 85		Total.		Grand Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Cerebro Spinal Diseases—																																			
Chronic Brain disease	..	..	..	..	..	1	1	4	1	4	3	1	3	2	1	..	2	4	1	1	..	2	1	2	..	..	..	..	..	..	..	..	13	21	34
Abscess of Brain	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Cerebral Hæmorrhage	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4
Septic Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Maniacal Exhaustion	..	..	..	1	..	..	1	..	..	2	..	1	..	2	2	1	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	4	9	13
Epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Senile Decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1	1	2
Thoracic Diseases—																																			
Phthisis	..	..	..	..	1	..	..	1	2	1	1	2	..	1	1	..	..	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..	7	8	15
Morbus Cordis	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Pneumonia	..	..	..	..	..	1	1	2	3	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	7	4	11
Chronic Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Abscess of Lung	..	..	..	1	..	..	..	1	1	1	1	..	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	5	8
Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1	2
Heart Failure	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Chronic Pericarditis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis of Lung	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Broncho Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hæmoptysis	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Abdominal Diseases—																																			
Brights Disease	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	5	..	5
Dysentery	..	..	..	..	..	1	..	1	..	1	2	1	..	4	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	2	10	12
Tubercular Kidneys	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Abscess of Kidneys	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Nephritis	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Ulcerative Colitis	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Tubercular Perotonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2
Fibroid Tumour of Uterus	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Septic Peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic Nephritis	..	..	..	..	..	..	..	1	..	..	..	2	..	2	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	8	8
Cancer of Stomach	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Tubercular Enteritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Intestinal Obstruction	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1
Acute Appendicitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
General Diseases—																																			
Cellulitis of arm	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
General Tuberculosis	..	..	..	1	1	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2	5
Pellagra	..	..	..	..	..	..	..	1	..	..	..	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4
Senile Decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malarial Fever	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Chronic Asthma	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Septicæmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Status Epilepticus	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2
Cerebral Syphilis	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Chronic Arteno Selecosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Aneurysm of Aorta	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Foreign body in Larynx	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Chronic Enteritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Cancer of Oesophagus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1
																																	62	86	148

TABLE VI.—Shewing the length of residence in those discharged recovered and in those who have died during the year, 1915-1916.

Length of Residence.	Recovered. Males.	Recovered. Females.	Recovered. Total.	Died. Males.	Died. Females.	Died. Total.
Under 1 month	..	..	..	5	13	18
From 1 to 3 months	13	1	14	7	7	14
From 3 to 6 "	21	14	35	6	6	12
From 6 to 9 "	17	16	33	6	6	12
From 9 to 12 "	6	10	16	1	5	6
From 1 to 2 years	13	10	23	5	11	16
From 2 to 3 "	3	4	7	5	8	13
From 3 to 5 "	4	5	9	9	8	17
From 5 to 7 "	..	..	..	2	2	4
From 7 to 10 "	2	..	2	..	7	7
From 10 to 12 "	..	..	..	..	1	1
From 12 to 15 "	..	..	..	4	3	7
From 15 to 20 "	..	..	..	4	6	10
From 20 to 25 "	1	..	1	3	2	5
From 25 to 30 "	..	..	..	2	..	2
From 30 to 35 "	..	..	..	1	1	2
From 35 to 40 "	..	..	..	1	..	1
Upwards of 40 "	..	..	..	1	..	1
	80	60	140	62	86	148

TABLE VII.—Showing the duration of the disorder on admission in the admissions, discharges and deaths during the year ended 31st March, 1916.

CLASS.	Admissions.			Discharges. Recovered.			Discharges. Removed, Relieved or otherwise.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Class—First attack, and within 3 months on admission	96	83	179	46	32	78	1	2	3	24	53	77
Second Class—First attack, above 3 and within 12 months on admission	18	13	31	11	5	16	..	..	..	12	11	23
Third Class—Not first attack, and within 12 months on admission	53	24	77	21	21	42	..	..	..	23	6	29
Fourth Class—First attack or not, but of more than 12 months on admission	14	20	34	..	2	2	..	..	..	2	9	11
Fifth Class—Congenital	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	11	..	11	2	..	2	..	..	..	1	7	8
Total	192	140	332	80	60	140	1	2	3	62	86	148

Table VIII.—Shewing in quinquennial periods the ages of those admitted, recovered and died during the year 1915-16 and those remaining on 31st March, 1916.

Ages.	Admissions.			Recoveries.			Deaths.			Patients Resident 31st March, 1916.		
	M.	F.	T.	M	F.	T.	M.	F.	T.	M.	F.	T.
From 5 to 10 yrs.	..	..	..	..	..	..	..	..	..	..	..	..
" 10 to 15 "	..	..	..	..	..	..	..	..	..	..	..	..
" 15 to 20 "	14	25	39	4	7	11	1	3	4	17	31	48
" 20 to 25 "	41	21	62	17	12	29	3	8	11	64	28	92
" 25 to 30 "	27	20	47	11	15	26	2	13	15	93	58	151
" 30 to 35 "	26	17	43	10	5	15	14	8	22	104	89	193
" 35 to 40 "	23	14	37	13	12	25	7	10	17	100	110	210
" 40 to 45 "	26	18	44	8	4	12	10	17	27	103	107	210
" 45 to 50 "	18	10	28	8	2	10	7	2	9	94	71	165
" 50 to 55 "	9	7	16	4	1	5	6	11	17	54	68	122
" 55 to 60 "	4	3	7	2	..	2	4	4	8	39	49	88
" 60 to 65 "	1	1	2	1	1	2	3	4	7	38	36	74
" 65 to 70 "	2	1	3	2	1	3	4	3	7	16	23	39
" 70 to 75 "	1	2	3	..	..	..	1	2	3	6	14	20
" 75 to 80 "	..	..	..	..	..	..	..	..	..	10	9	19
" 80 to 85 "	..	1	1	..	..	..	..	1	1	2	3	5
" 85 to 90 "	..	..	..	..	..	..	..	..	..	1	2	3
" 90 to 95 "	..	..	..	..	..	..	..	..	..	..	1	1
Unknown ..	..	..	..	..	..	..	..	..	..	..	..	..
Infant born ..	..	..	..	..	..	..	..	..	..	..	1	1
Totals ..	192	140	332	80	60	140	62	86	148	741	700	1,441
Mean Age ..	33.3	32.45	32.89	34.65	30.18	32.41	42.77	40.33	41.55	40.30	42.53	41.41

Table IX.—Shewing the condition as to Marriage in the Admissions, Recoveries and Deaths during the year ended 31st March, 1916.

Condition in reference to Marriage.	Admissions.			Recoveries.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	141	97	238	55	41	96	37	56	93
Married	45	29	74	21	16	37	24	21	45
Widowed	6	13	19	3	3	6	1	6	7
Unknown	..	1	1	1	..	1	..	3	3
Divorced	..	..	..	..	..	..	..	..	..
Total ..	192	140	332	80	60	140	62	86	148

TABLE X.—Showing the probable causes of insanity in the Patients admitted during the year ended 31st March, 1916.

Cause of Insanity.	Number of instances in which each cause was assigned											
	Number of cases. Admissions—Males, 192; Females, 140; Total. 332.											
	As predisposing cause.			As exciting cause.			As predisposing or exciting where these could not be distinguished.			Grand Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Moral—												
Domestic trouble (including loss of relatives and friends)	..	..	..	..	..	..	..	..	..	..	..	..
Adverse circumstances (including business anxieties and pecuniary difficulties)	..	..	..	..	..	..	..	..	..	..	..	..
Mental anxiety and worry (not included under above two heads) and overwork	..	..	..	8	3	11	..	..	..	8	3	11
Religious excitement	..	..	..	4	6	10	..	..	..	4	6	10
Love affairs (including seduction)	..	..	..	..	..	..	..	..	..	..	..	..
Fright and nervous shock	..	..	..	..	..	..	..	..	..	..	..	..
Grief	..	..	..	..	..	..	..	..	..	..	..	..
Earthquake shock	..	..	..	..	..	..	..	..	..	..	..	..
Physical—												
Intemperance in drink	..	..	..	..	..	..	..	..	..	..	..	..
Sexual Intemperance	..	..	..	..	..	..	..	..	..	..	..	..
Venereal Diseases	..	..	..	..	..	..	..	..	..	..	..	..
Self-abuse (sexual)	..	..	..	..	..	..	..	..	..	..	..	..
Over-exertion	..	..	..	..	..	..	..	..	..	..	..	..
Ganga-smoking	..	..	..	..	..	..	..	..	..	..	..	..
Accident or injury	..	..	..	..	..	..	..	..	..	..	..	..
Puberty	..	..	..	..	..	..	..	..	..	..	..	..
Fevers	..	..	..	4	1	5	..	..	..	4	1	5
Privation and Starvation	..	..	..	..	..	..	..	..	..	..	..	..
Other bodily disease	..	..	..	..	..	..	..	..	..	..	..	..
Previous attacks	27	36	63	..	..	..	..	..	..	27	36	63
Hereditary influence	40	29	69	..	..	..	..	..	..	40	29	69
Congenital defect ascertained	..	..	..	..	..	..	..	..	..	..	..	..
Adolescence	5	1	6	..	..	..	..	..	..	5	1	6
Epilepsy	16	5	21	..	..	..	..	..	..	16	5	21
Puerperal	..	3	3	..	..	..	..	..	..	..	3	3
Tubercular disease	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis	2	3	5	..	..	..	..	..	..	2	3	5
Not known	..	..	..	84	43	127	..	..	..	84	43	127
Other ascertained causes	..	..	..	..	1	1	..	..	..	..	1	1
Childbirth	..	..	..	..	..	..	..	..	..	..	..	..
Traumatism	..	..	..	1	4	5	..	..	..	1	4	5
Pellagra	..	..	..	..	2	2	..	..	..	..	2	2
Organic disease	..	..	..	..	..	..	..	..	..	..	..	..
Yaws	..	..	..	..	..	..	..	..	..	..	..	..
War Excitement	..	..	..	..	..	..	..	..	..	..	..	..
Senility	..	..	..	1	2	3	..	..	..	1	2	3

Table XI.—Shewing the form of mental disorder in the Admissions, Recoveries and Deaths during the year and the form of mental disorder of the inmates on 31st March, 1916.

Form of Mental Disorder.	Admissions.			Recoveries.			Deaths.			Remaining in Asylum.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Congenital or Infantile mental deficiency—												
(a) with Epilepsy	..	..	..	..	..	..	..	..	..	..	..	..
(b) without Epilepsy	..	..	..	..	..	..	..	..	..	..	..	..
Epilepsy—Acquired	16	6	22	..	2	2	6	8	14	59	42	101
General Paralysis of the Insane	..	..	..	..	..	..	..	..	..	..	..	..
Mania—												
Acute	95	69	164	43	23	66	43	44	87	154	123	277
Chronic	17	17	34	7	5	12	1	14	15	301	220	521
Recurrent	45	22	67	25	24	49	..	11	11	77	17	94
a Potu	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal	..	4	4	..	1	1	..	2	2	..	6	6
Senile	..	3	3	2	..	2	..	2	2	22	14	36
Melancholia—												
Acute	..	11	11	..	3	3	..	4	4	..	24	24
Chronic	5	..	5	..	..	..	..	..	..	..	10	10
Recurrent	..	1	1	3	1	4	..	..	..	..	15	15
Puerperal	..	..	..	..	..	..	..	..	..	..	..	..
Senile	..	..	..	..	..	..	..	..	..	..	..	..
Dementia—												
Primary	2	4	6	..	1	1	3	1	4	4	9	13
Secondary	4	..	4	..	..	..	1	..	1	7	..	7
Senile	8	3	11	..	..	..	8	..	8	117	220	337
Organic (*i.e.*, from tumours, coarse brain lesions, etc.)	..	..	..	..	..	..	..	..	..	..	..	..
	192	140	332	80	60	140	62	86	148	741	700	1,441

Table XII.—Shewing the previous occupations of patients admitted during the year, 1915-1916.

Males.

Occupation.	No.	Occupation	No.
Labourers	105	Mariner	1
Coachman	5	Sailor	1
Carpenter	12	Cigar Maker	2
Un-employed	2	Watchman	1
Pilot	1	Goldsmith	1
Engineer	1	Musician	2
Not Known	5	Ex Soldier	1
Vagrant	4	Black smith	2
Ships Cook	1	Registrar Births, etc.	1
Fisherman	7	Clerk	2
Shopkeeper	1	Inspector of Schools	1
Teacher	2	Barkeeper	1
Bookkeeper	1	Pedlar	1
Agriculturist	1	Shoemaker	2
Dispenser	1	Street Preacher	1
Sawyer	1	Lumber Measurer	1
Butcher	2	Domestic Servant	1
Tailor	1	School Boy	1
Bricklayer	1		
Cultivator	14		192
Contractor	1		

TABLE XII.—*continued.*

Females.

Occupation.	No.	Occupation.	No.
Labourers	81	Governess	1
Dressmakers	16	Higgler	2
Washerwoman	8	Gentlewoman	1
Not Known	4	Compositor	1
Domestic Servant	15	Cook	2
Hatmaker	1	Typist	1
School Girl	1	Postmistress	1
Vagrant	2		
Housecleaner	2		140
Nurse	1		

TABLE XIII.—Showing the Physical condition of patients admitted in 1915-1916.

	Males.	Females.	Total.
In good bodily health and condition	67	10	77
In fair bodily health and condition	107	83	190
In poor, feeble, very feeble, bad and exhausted condition	18	47	65
Indifferent	..	..	..
Emaciated	..	..	..
Total	192	140	332

FINANCIAL STATEMENT.

TABLE XIV.—Cost of maintenance for the year, 1915-16.

	£	s.	d.
Salaries	2,525	1	11
Wages	4,571	13	3
Religious Services	59	17	0
Provisions	10,768	1	10
Necessaries	1,276	17	3
Clothing and bedding	1,817	7	5
Equipment	193	14	7
Furniture	51	13	5
Wine and spirits	16	15	0
Surgery and Dispensary	354	8	11
Funeral expenses	87	19	0
Removals	40	0	7
Tenants Repairs	128	2	5
Farm and grounds	67	13	1
Miscellaneous	89	1	5
Telephones	24	3	0
Scavengery	1	7	0
Lighting	338	18	8
Conveyance of Lunatics	533	13	9
	22,946	9	6

LESS RE-IMBURSEMENTS.

	£	s.	d.	£	s.	d.
Contributing Patients, &c.	1,130	19	0½			
Immigration Fund (Law 31 of 1910)	226	1	8½			
Parochial Poor Rates (Law 26 of 1914)	8,660	4	9½	10,017	5	6½
Net cost to General Revenue				12,929	3	11½

TABLE XV.—Law 26 of 1914.

—	Law 26 of 1914. No. of Patients, 1914-15. Males	Females.	Total.	Amount for 1914-15. £	s.	d.	Law 26 of 1914. No. of Patients, 1915-16. Males.	Females.	Total.	Amount for 1915-16. £	s.	d.
Kingston ..	144	184	328	608	7	11	165	179	344	608	7	11
St. Andrew ..	52	63	115	549	14	4½	53	65	118	549	14	4½
St. Thomas ..	19	40	59	409	13	9	22	39	61	409	13	9
Portland ..	24	34	58	514	3	4	33	34	67	514	3	4
St. Mary ..	51	42	93	759	19	2	51	41	92	759	19	2
St. Ann ..	44	48	92	735	18	11½	48	43	91	735	18	11½
Trelawny ..	17	27	44	369	8	1½	18	26	44	369	8	1½
St. James ..	34	46	80	431	0	0	41	44	85	431	0	0
Hanover ..	15	28	43	389	18	4	17	24	41	389	18	4
Westmoreland ..	51	72	123	692	5	0	56	67	123	692	5	0
St. Elizabeth ..	46	55	101	819	15	10	55	58	113	819	15	10
Manchester ..	50	37	87	679	2	1	54	42	96	679	2	1
Clarendon ..	61	57	118	769	18	9	64	46	110	769	18	9
St. Catherine ..	107	99	206	917	15	0	110	101	211	917	15	0
Port Royal ..	1	..	1	13	4	2	1	..	1	13	4	2
	716	832	1,548	8,660	4	9½	788	809	1,597	8,660	4	9½

TABLE XVI.—Statement respecting Minor Funds of the Jamaica Lunatic Asylum to 31st March, 1916.

1.—SERVANTS' FINE FUND.

	£	s.	d.
Balance on 31st March, 1915	242	17	3¾
Receipts in 1915-16	15	19	8
	258	16	11¾
Expenditure 1915-1916	16	5	3
Amount at credit 31st March, 1916	242	11	8¾

2.—PATIENTS' FUND.

	£	s.	d.
Balance on 31st March, 1915	1,146	4	2
Receipts in 1915-16	91	15	6¼
	1,237	19	8¼
Expenditure during 1915-1916	96	12	6
Amount at Credit 31st March, 1916	1,141	7	2¼

3.—O'LOUGHLIN'S FUND.

	£	s.	d.
Balance on 31st March, 1915	429	14	8
Receipts in 1915-1916	22	2	3
	451	16	11
Expenditure during 1915-1906	..		
Amount at credit 31st March, 1916	451	16	11

TABLE NO. XVII.—Shewing the total number of patients under treatment from 1882-83 to 1915-1916; the Total Cost; the Re-imbursements-in-Aid of Expenses incurred by the Government: the sources from which they are derived; and the Cost of Lunatic Asylum to General Revenue.

Years.	Total number of Patients under treatment.	Total Cost.	Reimbursements-in-Aid.				Net Cost of the Lunatic Asylum to General Revenue.
			Contributing Patients, &c.	Immigration Department.	Parochial Poor Rate.	Total Reimbursements-in-Aid.	
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1882–83	512	7,061 16 9½	189 14 5	None.	4,643 8 8	4,833 3 1	2,228 13 8½
1883–84	505	6,935 14 2½	208 6 2	"	5,203 10 11	5,411 17 1	1,523 17 1½
1884–85	513	6,871 12 6	252 13 2	"	4,879 16 0	5,132 9 2	1,739 3 4
1885–86	531	7,027 7 3	376 6 9	"	4,677 15 5	5,054 2 2	1,973 5 1
1886–87	530	7,067 10 4½	415 15 7	"	4,971 6 3	5,387 1 10	1,680 8 6½
1887–88	541	7,710 5 6	365 4 7	"	5,587 15 9	5,953 0 4	1,757 5 2
1888–89	584	8,781 14 0	391 0 6	"	6,677 13 2	7,068 13 8	1,713 0 4
1889–90 (6 months) ..	541	4,755 14 0	151 13 5	"	3,796 11 11	3,948 5 4	807 8 8
1890–91	648	10,093 10 7½	301 10 0	"	8,208 4 11	8,509 14 11	1,583 15 8½
1891–92	704	11,578 17 2½	471 6 10	"	9,276 3 2¾	9,747 10 0¾	1,831 7 1¾
1892–93	702	11,453 1 3¾	532 6 0	"	9,369 19 4	9,902 5 4	1,550 15 11¾
1893–94	729	11,280 18 1	492 16 4	"	9,197 13 9	9,690 10 1	1,590 8 0
1894–95	741	11,648 15 6½	384 2 8	"	9,457 16 2½	9,841 18 10½	1,806 16 8
1895–96	795	11,867 3 1¾	418 13 6	"	9,941 19 0	10,360 12 6	1,506 10 7¾
1896–97	851	12,901 18 4¼	458 15 2	"	10,932 11 0	11,391 6 2	1,510 12 2¼
1897–98	926	14,061 12 9	532 19 8	"	11,772 1 4	12,305 1 0	1,756 11 9
1898–99	953	13,651 4 1	359 10 8	"	11,767 0 9	12,126 11 5	1,524 12 8
1899–1900	956	13,559 10 1	454 9 1	"	11,514 19 3	11,969 8 4	1,590 1 9
1900–1901	1,019	14,445 3 2½	525 8 5	"	12,333 1 8½	12,858 10 1½	1,586 13 1
1901–1902	1,050	14,759 17 8	547 3 10½	"	12,468 15 9¼	13,015 19 7¾	1,743 18 0¼
1902–1903	1,089	15,029 0 6	517 18 1½	"	13,101 14 3½	13,619 12 5	1,409 8 1
1903–1904	1,165	16,017 7 10	406 6 2	"	13,926 12 3½	14,342 18 5½	1,674 9 4½
1904–1905	1,240	16,007 2 0	449 9 2	"	13,843 10 0¾	14,292 19 2¾	1,713 6 0¼
1905–1906	1,264	16,852 9 7½	631 9 11½	"	14,396 14 5	15,028 14 4½	1,823 15 3
1906–1907	1,308	16,298 17 10	654 4 3½	"	14,246 2 7	14,900 6 10½	1,398 10 11
1907–1908	1,285	17,078 8 3	474 1 3	"	15,304 11 4½	15,778 12 7½	1,299 15 7½
1908–1909	1,269	17,786 8 11	633 5 10½	"	15,828 13 8½	16,461 19 7	1,324 9 4
1909–1910	1,320	17,453 7 7¾	459 16 1	"	15,934 10 4¼	16,394 6 5¼	1,059 1 2½
1910–1911	1,409	19,131 15 7	676 7 10	46 15 5¼	16,540 0 3¼	17,263 3 6½	1,868 12 0½
1911–1912	1,439	17,797 1 2	735 0 8	131 11 0¾	15,722 17 11	16,589 9 7¾	1,207 11 6¼
1912–1913	1,548	18,414 4 1	889 13 3	194 11 9½	8,237 10 8	9,321 15 8½	9,092 8 4½*
1913–1914	1,634	19,613 14 8¼	917 4 0	185 17 9¼	8,837 13 9½	9,940 15 6¾	9,672 19 1½
1914–1915	1,670	20,336 18 10	961 17 11	204 15 5¼	8,660 4 9½	9,826 18 1¾	10,510 0 8¼
1915–1916	1,733	22,946 9 6	1,130 19 0½	226 1 8½	8,660 4 9½	10,017 5 6½	12,929 3 11½
	..	458,276 13 1¾	17,367 10 5	989 13 2½	349,919 5 7¾	368,286 19 3¼	89,988 17 1

---

* This increase is due to General Revenue being charged with half of the cost of maintenance of parochial patients, hitherto borne by the parishes concerned.

TABLE No. XVIII.—A Return shewing the General Financial and other Operations of the Lunatic Asylum from the Year 1874-75 to the Year 1915-1916.

Year.	Daily Average Number.	Salaries. and Religious Services.			Wages.			Provisions.			Necessaries.			Clothing, Furniture and Bedding.		
		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1874-75	324.43	1,412	2	10	879	15	7½	3,037	14	1½	139	5	0	487	0	10
1875-76	324.21	1,553	13	10	923	4	10½	2,910	11	7¼	116	13	8¾	387	12	3
1876-77	342.52	1,660	4	11	868	8	2	2,832	18	11	134	15	11½	347	12	11½
1877-78	361.57	1,705	3	10	851	7	0½	2,959	18	10	161	10	6	379	8	6½
1878-79	364.06	1,853	6	4	805	8	10½	3,167	9	11½	224	0	10	333	12	2
1879-80	381.25	1,782	18	2	888	11	2	3,161	17	4	176	4	2	328	10	9½
1880-81	368.48	1,771	16	6	884	1	3	3,272	19	3½	218	3	2	289	10	3
1881-82	358.67	1,784	8	0	861	12	11	2,963	9	9	231	5	4	303	14	5
1882-83	364.06	1,829	3	8	922	2	5	3,152	13	8½	220	19	7	322	0	6½
1883-84	396.05	1,708	12	10	932	15	5½	3,203	7	0	174	4	7	372	11	9½
1884-85	399.98	1,792	10	10	936	2	3½	3,079	11	8	166	7	0	387	4	4
1885-86	382.09	1,843	11	0	923	0	0	3,150	1	10½	176	4	4	345	9	6
1886-87	407.58	1,556	16	7	933	13	2	3,416	13	5	216	19	8	421	12	3
1887-88	398.00	1,533	14	7	994	18	7	3,741	6	1½	270	19	10	408	6	3
1888-89	438.24	1,783	9	9	1,161	7	10	4,280	19	5	358	0	0	438	3	2
1889-90 (6 mons.)	465.17	943	10	10	579	11	11	2,351	14	0	190	8	7	209	9	6
1890-91	496.16	1,918	8	6	1,268	15	0	5,102	14	2	403	6	6	433	4	11½
1891-92	543.93	1,934	9	8	1,462	14	6½	6,035	16	4	424	12	8½	685	7	9
1892-93	558.57	1,969	0	0	1,461	6	9½	5,421	17	7¼	514	18	2	691	17	8½
1893-94	571.98	2,239	1	4	1,509	19	3	5,299	17	4½	494	0	1	599	5	11½
1894-95	592.72	2,394	17	3	2,259	5	2	4,565	11	10½	529	13	7	667	8	10¼
1895-96	636.78	2,357	1	0	2,328	16	7	4,772	11	10¼	499	1	6	625	2	5
1896-97	694.15	2,519	17	9	2,410	18	3	5,336	10	2	545	9	2¾	803	18	8½
1897-98	759.70	2,554	1	11	2,838	16	10	5,470	9	11	615	17	4¼	993	2	4½
1898-99	774.96	2,586	1	2	3,175	7	6	5,342	10	9¾	529	7	0¾	924	14	4½
1899-1900	789.03	2,441	4	10	3,202	3	5	5,367	9	11	581	0	11	977	9	3½
1900-1901	844.32	2,564	0	11	3,198	9	11	5,807	12	5½	781	1	0½	992	2	6½
1901-1902	862.68	2,438	8	6	3,266	7	4	6,007	9	7½	799	8	4½	1,197	6	1¼
1902-1903	915.42	2,486	19	2	3,367	2	11	6,113	5	10¼	799	5	2	1,099	16	1¾
1903-1904	972.20	2,391	1	10	3,419	12	9	6,880	5	2¾	884	2	7	1,408	11	11
1904-1905	1022.26	2,142	4	10	3,470	1	11	7,618	9	3	882	7	4	1,069	3	9
1905-1906	1048.56	2,114	14	6	3,543	15	6	8,342	0	8½	979	19	10½	797	11	10
1906-1907	1048.74	2,230	17	7	3,672	11	10	7,535	11	0	994	15	4½	1,023	19	0
1907-1908	1033.61	2,302	16	7	3,784	15	8	8,084	9	1	305	12	9	1,525	9	7
1908-1909	1050.02	2,376	6	3	3,825	10	3	8,874	4	2	426	3	4	1,212	8	·5
1909-1910	1081.00	2 432	0	0	3,834	1	9	8,616	8	1½	460	4	6		..	
1910-1911	1137.15	2,451	6	5	3,944	3	1	9,364	13	9	369	15	9		..	
1911-1912	1183.81	2,403	14	9	4,001	13	7	8,422	13	7	392	6	0		..	
1912-1913	1271.94	2,449	3	2	4,048	7	9	8,445	0	10	571	2	0		..	
1913-1914	1323.34	2,579	14	0	4,087	2	11	9,404	16	11¾	620	18	9		..	
1914-1915	1386.57	2,619	0	7	4,281	11	10	9,581	1	0	1,052	10	9		.	
1915-1916	1426.98	2,584	18	11	4,571	13	3	10,768	1	10	1,276	17	3		..	

TABLE No. XVIII., *continued.*

Year.	Wine, Spirits and Beer.			Surgery and Dispensary.			Funeral Expenses.			Tenants' Repairs.			Farm and Garden.			Miscellaneous and Telephone.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1874-75	90	0	3½	85	19	1½	32	18	6	136	16	7	265	0	6	99	5	7
1875-76	74	6	6	124	6	11	44	7	0	135	13	9	297	14	2½	99	10	5½
1876-77	59	12	6	65	10	6½	36	19	4½	129	13	11½	251	18	2	68	3	4½
1877-78	34	2	9	99	9	7½	41	9	9½	134	15	6½	195	3	1½	192	16	6
1878-79	30	5	9	49	4	7	38	10	1	104	4	8	151	6	4	175	18	10
1879-80	34	11	0	76	13	2	50	1	5	122	3	0½	218	14	5½	222	13	4
1880-81	57	10	0	65	13	2½	110	19	5	122	18	0	211	15	5½	215	12	9
1881-82	48	18	6	49	10	7½	71	4	11	117	0	11	145	15	1	243	3	3
1882-83	30	7	0	32	5	1½	123	12	6	116	1	8	87	1	9½	199	18	5½
1883-84	61	4	0	68	11	8	78	3	3	129	10	9½	97	8	3½	84	11	6½
1884-85	46	18	0	25	18	4	84	10	8½	112	3	7½	122	7	10	98	8	5½
1885-86	56	16	0	30	18	11	108	3	8	125	9	3	132	0	7	112	6	7½
1886-87	56	0	0	68	10	4	52	5	10	120	12	1	122	3	10½	71	12	2
1887-88	65	13	4	67	2	7½	61	5	1½	282	0	2½	151	5	11	109	10	2
1888-89	68	14	0	104	15	7	78	5	9	151	5	8	134	8	4	206	19	9
1889-90 (6 mons.)	32	14	6	101	7	0	41	1	5	105	1	0	88	5	11	88	16	2
1890-91	40	12	0	168	9	10	66	16	0	176	3	3½	160	3	0	190	11	7½
1891-92	45	13	6	141	18	3	78	8	3	190	6	2	171	9	4	175	12	2½
1892-93	41	12	6	207	7	7	71	2	8	233	0	6½	177	14	11	187	6	4
1893-94	37	6	6	184	10	4	79	7	0	191	16	0½	177	14	3	194	12	8½
1894-95	37	2	8	195	3	4	68	5	11	239	19	2¾	194	10	8	234	16	1½
1895-96	39	7	9	197	17	10	47	11	8	238	19	3	197	18	11	235	4	9½
1896-97	33	7	6	194	1	4	50	10	2½	259	7	7	219	4	9	242	16	10½
1897-98	51	0	6	238	4	2½	64	2	11	289	1	8	262	7	3¼	366	2	3½
1898-99	31	10	2½	253	15	2½	68	2	4½	164	17	3¾	153	12	11½	215	13	5¼
1899-1900	35	0	3	218	16	1	72	12	6½	144	19	2½	137	17	9	251	17	1½
1900-1901	39	1	6	133	0	2	45	0	9	163	15	7½	149	17	7	265	3	6½
1901-1902	43	0	6	210	15	0	61	17	4	147	17	7¼	145	14	8¾	254	2	4
1902-1903	44	13	0	220	11	10	46	2	5	171	10	1¾	151	0	4½	262	12	1¾
1903-1904	60	16	0	210	18	3	79	18	4	187	6	10	153	2	4½	266	15	0¾
1904-1905	42	6	6	180	14	6	73	2	2	138	5	6	88	1	2	212	15	3
1905-1906	24	18	3	271	2	6	73	5	7	180	2	5	81	17	3	217	14	1½
1906-1907	22	8	6	318	1	4	64	19	0	162	14	0	33	9	0½	198	13	5
1907-1908	36	19	6	288	18	11½	72	19	6	134	14	0	40	0	6½	362	2	11
1908-1909	23	1	3	264	14	6	72	8	0	173	3	5	27	4	4	184	1	6
1909-1910	55	19	3	255	10	11	70	14	0	80	17	0	96	11	9	213	18	3½
1910-1911	53	8	9	278	13	2	62	16	0	143	0	11	104	2	3	266	17	1
1911-1912	30	8	5	298	8	4	71	5	3	85	5	2	89	15	6	177	14	11
1912-1913	29	19	11	298	6	4	67	16	10	85	13	7	94	1	4	168	6	6
1913-1914	35	6	10	341	2	6	100	7	8	127	17	6	88	18	5	217	3	2½
1914–1915	24	11	8	273	17	9	76	15	9	91	6	4	90	0	9	124	5	5
1915–1916	16	15	0	354	8	11	87	19	0	128	2	5	67	13	1	113	4	5

TABLE No. XVIII., *continued*.

Year.	Removal of Lunatics.	Scavengery.	Furniture Public Departments.	Total Cost.	Amount of Reimbursements from contributing Patients, &c.	Cost exclusive of reimbursements from Par. Rates, &c.	Weekly Rate per Head.	Admitted during the Year.		
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	Males.	Females.	Total.
1874-75	16 19 0	..	..	6,682 18 0	888 1 6	5,844 16 6	0 6 10¾	46	38	84
1875-76	4 0 0	..	..	6,671 15 1½	752 1 6	5,919 13 7½	0 6 11¾	58	43	101
1876-77	17 12 8	..	..	6,473 11 5½	827 5 0	5,646 6 5½	0 6 3¾	69	43	112
1877-78	19 0 3	..	..	6,774 6 4½	764 18 10	6,009 7 6½	0 6 4¼	54	49	103
1878-79	11 0 6	..	..	7,004 8 11	159 12 10	6,844 16 1	0 7 2¼	53	51	104
1879-80	14 2 10	..	..	7,007 0 10½	168 7 8	6,908 13 2½	0 6 11	56	59	115
1880-81	30 9 8	..	..	7,251 9 2	191 7 2	7,060 2 0	0 7 4	65	42	107
1881-82	26 9 6	..	..	6,846 13 2½	134 16 1	6,711 17 1¼	0 7 2	42	56	98
1882-83	25 10 4	..	..	7,061 16 9½	189 14 5	6,872 2 4½	0 7 2¾	73	68	141
1883-84	24 13 0	..	..	6,935 14 2½	208 6 2	6,727 8 0½	0 6 5¾	80	59	139
1884-85	19 10 0	..	..	6,871 12 6	252 13 2	6,618 19 4	0 6 4	56	64	120
1885-86	28 18 1	..	..	7,027 7 3	376 6 9	6,651 0 6	0 6 8	69	70	139
1886-87	30 11 0	..	..	7,067 10 4½	415 15 7	6,651 14 9½	0 6 3¼	79	62	141
1887-88	24 2 9	..	..	7,700 5 6	365 4 7	7,345 0 11	0 7 0	78	71	149
1888-89	15 4 9	..	..	8,781 14 0	391 0 6	8,390 13 6	0 7 4	92	69	161
1889-90 (6 mos.	10 9 0	..	..	4,755 14 0	151 13 5	4,604 0 7	0 7 7	39	43	82
1890-91	22 1 0	..	..	10,093 10 7½	301 10 0	9,792 0 7½	0 7 7	93	79	172
1891-92	25 3 6	207 5 0	..	11,578 17 2½	471 6 10	11,107 10 4½	0 7 8¾	80	106	186
1892-93	19 3 6	195 12 8	261 0 4	11,453 1 3¾	532 6 0	10,920 15 3¾	0 7 7	78	80	158
1893-94	18 7 9	192 19 0	62 0 6	11,280 18 1	492 16 4	10,788 1 9	0 7 2	75	78	153
1894-95	19 6 6	193 9 4½	49 5 0	11,648 15 6½	384 2 8	11,264 12 10½	0 7 3½	84	85	169
1895-96	27 7 6	192 0 2	47 8 11	11,867 3 1¾	418 13 6	11,448 9 7¾	0 6 10½	90	84	174
1896-97	27 12 0	208 4 0	50 0 0	12,901 18 4¼	458 15 2	12,443 3 2½	0 6 10½	81	106	187
1897-98	19 0 3	199 11 1	99 14 2	14,061 12 9	532 18 9	13,528 13 1	0 6 10	109	95	204
1898-99	39 10 9	126 0 11	..	13,651 4 1	359 10 8	13,291 13 5	0 6 7	88	80	168
1899-1900	24 13 6	104 5 3	..	13,559 10 1	454 9 1	1,305 1 0	0 6 4	96	93	189
1900-1901	26 4 3	116 12 7	163 0 4	14,445 3 2½	525 8 5	13,919 14 9½	0 6 4	104	96	200
1901-1902	29 5 9	115 12 6	42 12 0	14,759 17 8	547 3 10½	14,212 13 9½	0 6 4	99	83	182
1902-1903	22 6 9	111 10 5	94 12 11	15,029 0 6	517 18 1½	14,511 2 4½	0 6 1	118	108	226
1903-1904	17 5 9	22 0 5	35 10 6	16,017 7 10	406 6 2	15,611 1 8	0 6 2	105	101	206
1904-1905	19 18 0	17 17 1	50 18 0	16.006 5 3	449 9 2	15,557 12 10	0 5 10	124	116	240
1905-1906	30 11 3	3 18 0	190 17 10	16,852 9 7½	631 19 11½	16,220 9 8	0 5 11	134	96	230
1906-1907	35 18 3	..	4 19 6	16,298 17 10	654 4 3½	15,644 13 0½	0 5 10	109	125	234
1907-1908	30 12 9	2 16 3	..	17,078 8 3	474 1 3	15,604 7 0	0 6 3¼	148	131	279
1908-1909	22 11 0	1 11 8	..	17,786 8 11	633 5 10½	17,153 3 0½	0 6 5	114	123	237
1909-1910	22 2 3	0 12 6	70 2 1	17,453 7 7¾	459 16 1	16,993 11 6¾	0 6 1½	139	123	262
1910-1911	39 6 4	..	68 15 1	19,131 15 7	723 3 3¼	18,408 12 3¾	0 6 0	164	160	324
1911-1912	31 15 10	1 18 3	133 7 8	17,797 1 2	866 11 8¾	16,930 9 5¼	0 5 5¾	138	130	268
1912-1913	30 1 7	5 14 2	213 12 4	18,414 4 1	889 13 3	17,524 10 10	0 5 4	160	189	349
1913-1914	49 0 11	3 6 11	47 6 1	19,613 14 8¼	1103 1 9¼	18,510 12 11	0 5 4¾	162	156	318
1914–1915	37 16 8	0 16 0	64 18 10	20,336 18 10	1166 13 4¼	19,170 5 5¾	..	158	171	329
1915–1916	40 0 7	1 7 0	51 13 5	22,946 9 6	1357 0 9	21,589 8 9	..	192	141	333

Year.	Lighting.	Clothing and bedding.	Equipment.	Conveyance of Lunatics.
	£ s. d.	£ s. d	£ s. d.	£ s. d
1907-1908	166 9 2	—	—	..
1908-1909	303 0 10	—	—	..
1909-1910	311 11 8	791 1 6¾	141 12 0	..
1910-1911	463 13 4	1,261 8 8	259 9 0	..
1911-1912	423 9 9	1,079 15 4	153 8 10	..
1912-1913	399 13 9	1,351 0 6	171 3 6	..
1913-1914	386 7 2	1,310 9 4	213 15 6	..
1914–1915	338 3 3	1,447 6 11	232 15 4	..
1915–1916	338 18 8	1,817 7 5	193 14 7	533 13 9

LEPERS' HOME.

Report for the year ended 31st March, 1916.

Jamaica Leper Asylum, 15th May, 1916.

SIR,

I have the honour to submit my Annual Report on the Leper Asylum, for the financial year ended 31st March, 1916.

1. *The Staff.*—The duties were discharged in a very satisfactory manner. Mr. Levy (the Superintendent, Dispenser, Clerk and Purveyor) has been of great assistance to me in carrying out the treatment.

Dr. W. D. Neish left the Colony on the 7th November, 1915, for Military Service in the present "World War" and His Excellency the Governor was pleased to appoint me to act.

2. *Discipline.*—It gives me much pleasure to report that the conduct of the inmates is good and when the distressing nature of the disease is considered it is natural to expect some refractoriness in such an Asylum, but on the whole I consider the behaviour good.

3. *Occupation.*—The washing of all the Institution clothing is done by the female inmates, also the mending of the linen. The male inmates do useful work in keeping the grounds clean and tidy.

Lime washing is constantly done by them on the subsidiary buildings. Such of them (males and females) who are willing and able do "extra nursing." The farm worked by some of the male inmates produced, for use in the Asylum, potatoes 8,650 lbs., vegetables 2,284 lbs., peas 589 lbs. and herbs for tea 312 lbs. These inmates were paid for the crop in accordance with Rule 80.

4. *Gifts.*—I have to thank the numerous friends of the Institution for the interest they have taken in assisting me to gladden the hearts of these unfortunates:

Fruits was received from His Honour the Custos, Messrs. A. E Wigan, C. McKella, A. E. M. Stewart, C. G. Hudson, F. C. Billingslea and H. C. Bennett. Periodicals and Magazines were sent by the Custos. Hon. A. A. Fleming, Dr. and Mrs. W. D. Neish, Dr. and Mrs. J. Huntley Peck, Mrs. R. Berry, Mr. and Mrs. J. S. Powell, Mr. and Mrs. S. A. James, Miss Mockler, Miss Irene DeLeon, Mr. and Mrs. C. Anderson, The Educational Supply Co., The Jamaica Times Ltd. Miss Muriel Andrews, through Mr. E. Percy Fletcher, presented the inmates with a fine set of scrap books. Lieut. C. D. Arnold, of Port Royal contributed a supply of toilet soap which the inmates greatly appreciated. Money contributions were sent for the Xmas Festivities and I have to thank the Custos, Messrs. A. L. Keeling, J. V. Leach, F. X. Knecht Altamont Dolphy, Dr. C. Redwood White and others. The Jamaica Tobacco Co. a supply of cigarettes, Messrs. B. and J. B. Machado for cigars and Mr. Edwin Charley for a very generous gift of native wines. The Boy Scout Band visited the Asylum under the leadership of Scoutmaster F. S. Messias and entertained the inmates.

5. *Building and grounds.*—The buildings are under the management of the P.W.D. and I have no doubt, considering the present financial condition of the Island, the Asylum will get its share of repairs and new works that may be so urgently needed. The grounds are clean and the farm in good condition.

If the P. W. D. would supply cement, lime, tar, etc., a good deal of the minor repairs can be undertaken by the inmates.

6. *Religious Ministrations.*—The Revd. Canon Hendrick is the appointed Chaplain and along with Miss Macglashan, assisted by the Lay Readers, do useful work. Mr. John David the East Indian Catechist continues his faithful work in attending to the spiritual needs of his class. The Revd. Father Grewen, S.J., and Miss Leon give their attention to the Roman Catholic inmates.

7. *Statistics.*—There were 30 admissions, 6 being re-admissions. Greatest number at any time 133, November 1915. Least number at any time 116, May 1915. The death rate, 10.8 per cent. is normal.

Daily average—	Coolies	5	126
	Chinese	2	
	others	119	

8. *Maintenance.*—£9 6s. 11d. per inmate per annum. The daily average cost was 6.125d. per inmate.

The financial burden of isolating, maintaining, and treating lepers, having regard to the comforts, etc., which must be afforded, cannot be considered heavy.

9. *Treatment.*—I am pleased to report that the drug "Antileprol" (purified chaulmoogra oil) has been used throughout the year under review and continues to realize the very hopeful and excellent results mentioned by Dr. Neish in reports dated 5th May, 1913 and 26th May, 1915. It is given in capsules (M 7½) by which method in my opinion, gastric trouble is reduced to a large extent, and, by starting treatment in early cases, my own observations lead me to the conclusion that this drug has a very marked power in absorbing Tubercles and restoring vigour to the wasted tissues. No other form of administration appears to me to give such uniformly excellent results, due possibly to the fact that the patients tolerate for a longer period this method as against the mixture or subcutaneous injections. Several patients were discharged under Law 15 of 1896 and one under Sec. 8, their conditions were greatly due to the marked beneficial effects of the careful and continuous administration of the drug.

The treatment as adopted by Victor G. Heiser, Surgeon U.S.A., Director of Health for the Phillipine Islands will receive attention during the ensuing year.

Doctor K. A. Vahran of Paris has written to me about the researches he has made under the auspices of Dr. Broc of the Hospital Saint Louise in Paris on the use of Chaulmoogra oil. He has kindly placed at my disposal bulbs for injection ; this will be given a trial. My thanks are due to Dr. Vahran for instructing Messrs. Boulanger-Dausse and Cie of Paris to supply me with ampoules whenever I require them.

The general statistics for the year 1915-16 are herewith attached.

I have, etc.,
(Sgd.) J. HUNTLY PECK,
Actg. Medical Attendant, Leper Asylum.

Leper Asylum, Spanish Town.

TABLE NO. I.—General Statistics for 1915-1916, (1st April, 1915, to 31st March, 1916.)

	Males.	Females.	Total.
Remaining in Asylum 31/3/15	67	51	118
Admitted during 1915 to 1916	20	10	30
Discharged during 1915 to 1916	5	1	6
Absconded during 1915 to 1916	2	3	5
Died during 1915 to 1916	11	5	16
Remaining in Asylum on 31/3/16	69	52	121

General death rate 10.8.

TABLE NO. II.—Comparative Statistics from 1st October, 1887, to 31st March, 1916.

Year.	Admissions.		Discharges.		Deaths.		Remaining at end of Year.		Death rate per 100.	Re-admission of Lepers.
	Lepers.	Non-Lepers.	Lepers.	Non-Lepers.	Lepers.	Non-Lepers.	Lepers.	Non-Lepers.		
1878-79	26	39	2	40	10	3	40	31	10·31	..
1879-80	26	43	8	31	7	..	51	33	5·	..
1880-81	39	101	16	72	11	4	63	58	6.69	..
1881-82	38	115	23	107	13	5	65	61	6.50	..
1882-83	40	85	22	96	8	3	75	47	4·38	..
1883-84	30	71	26	63	9	3	70	52	5·38	..
1884-85	33	87	18	80	14	..	71	59	5·78	..
1885-86	39	131	17	114	16	2	77	74	6.	..
1886-87	25	141	17	130	16	6	69	79	6.94	..
1887-88	32	8	..	19	23	8	78	60	16.48	..
1888-89	31	93	4	98	11	6	94	49	6.48	..
Oct. '89 to March '90	9	22	6	35	12	2	82	37	8.04	..
1890-91	34	67	15	88	15	2	86	14	7·74	..
1891-92	38	2	8	9	15	2	106	5	12.16	..
1892-93	26	1	16	4	1	..	100	2	8.27	..
1893-94	23	2	24	3	20	..	79	1	15·74	7
1894-95	26	1	12	..	18	..	76	2	16.82	14
1895-96	37	2	8	4	10	..	94	..	8.62	10
1896-97	40	2	11	2	16	1	106	..	12.5	9
1897-98	38	1	3	2	13	..	127	..	8.96	3
1898-99	20	2	8	3	20	..	118	.	13.6	5
1899-1900	27	3	3	2	20	...	122	1	13·5	6
1900-01	19	3	6	2	15	..	120	2	10·3	1
1901-02	9	1	4	..	14	2	110	2	11.4	2
1902-03	19	..	2	2	17	..	108	2	13·	3
1903-04	33	3	5	3	20	..	117	1	13·7	1
1904-05	25	..	5	..	23	..	114	1	16.1	2
1905-06	19	..	3	..	14	..	115	1	10.4	3
1906 07	14	...	1	..	15	..	113	1	11.62	1
1907-08	12	..	5	1	14	..	105	..	11.1	..
1908-09	24	..	...	1	15	..	112	1	11.6	4
1909-10	12	1	7	..	10	6	102	2	12.27	..
1910-11	24	..	6	1	15	1	103	1	12·6	4
1911-12	25	1	5	1	10	..	113	1	7·7	1
1912 13	12	2	2	1	14	..	109	2	10.9	2
1913-14	21	1	5	..	8	..	117	3	6.	..
1914-15	19	2	12	1	9	1	115	3	7·	..
1915-16	29	1	10	1	16	..	118	3	10.8	6

TABLE III.—Return of admissions for 1915-16.

No.	Name.	Colour.	Age Years.		Form of Leprosy.	Years Afflicted	If re-admitted.	Country.	Late Residence.	Date of Admission.
			M.	F.						
1	J. Lawrence	Black	..	23	A.	½ yr	No	Jamaica	St. James	6.4.15
2	M. Martin	"	..	50	A.	25	Yes	"	St. Mary	14.5.15
3	R. Francis	"	37	..	A.	7	No	"	St. Catherine	15.5.15
4	Nanku	Brown	?25	..	?	1	"	India	Westmoreland	16.5.15
5	F. Taledana	"	12	..	T.	½ yr.	"	Cuba	Kingston	22.5.15
6	J. Smith	Black	12	..	Mixed	½ "	"	Jamaica	"	12.6.15
7	Leo. Shirley	White	17	..	A.	7	"	"	Trelawny	18.6.15
8	Ler. Shirley	"	15	..	A.	7	"	"	"	18.6.15
9	J. Grant	Black	58	..	T.	½ yr.	"	"	Manchester	18.6.15
10	G. Record	"	17	.	A.	½ "	"	"	"	5.6.15
11	Dan-Mat	Brown	..	30	T.	2	Yes	India	St. Mary	21.7.15
12	Surinam	"	25	..	A.	1	No	"	"	4.8.15
13	Julia Smith	Black	..	38	A.	1	"	Jamaica	St. Andrew	24.8.15
14	Mrs. R. Roberts	"	..	32	T.	1	"	"	Manchester	17.9.15
15	Joseph Campbell	"	20	..	T.	1	"	"	Clarendon	24.9.15
16	S. W. Bowers	White	50	..	Non-Leper	..	"	"	Kingston	30.9.15
17	Ram-Deen	Brown	50	..	T.	½ yr.	"	India	Clarendon	21.10.15
18	S. Crawford	Black	60	..	A.	2	"	Jamaica	Kingston	23.10.15
19	Shaunraj	"	28	..	A.	5	"	India	Portland	26.10.15
20	Ira Graham	"	19	..	?Leper	..	Yes	Jamaica	Trelawny	17.11.15
21	Dorcas McKenzie	"	..	25	A.	4	No	"	Clarendon	23.11.15
22	David Blenon	"	28	..	T.	1	"	"	"	22.12.15
23	Charlotte McDonald	"	..	38	T.	2	"	"	St. Catherine	14.1.16
24	Rosy Hutchinson	Brown	..	36	T.	½ yr.	"	"	"	15.1.16
25	David Forrester	Black	44	..	T.	5	"	"	St. Mary	29.1.16
26	Namoi Bryan	"	..	9	A.	1	"	"	Kingston	21.2.16
27	Chas. Francis	"	51	..	A.	4	"	"	St. Catherine	1.3.16
28	Rosa Dias	"	..	40	T.	4	Yes	"	Kingston	23.11.15
29	Robt. Bryce	"	35	..	A.	3	"	"	St. Catherine	14.2.15
30	Festus Pink	"	40	..	T.	10	"	"	Clarendon	11 5.15

TABLE IV.—Birthplace of Admitted, 1915-1916.

Birthplace.	Male.	Female.	Total.
St. Catherine	3	2	5
India	4	1	5
Kingston	3	2	5
Clarendon	3	1	4
Trelawny	3	...	3
Manchester	2	1	3
Cuba	1	...	1
St. Andrew	..	1	1
St. Mary	1	1	2
St. James	..	1	1
	20	10	30

TABLE V.—Return of Discharged, 1915-1916.

No.	Name.	Colour.	Age. Years. M.	Age. Years. F.	Date of Admission.	Date of Discharge.	Total Years Afflicted.	Form of Leprosy.	Remarks.
1	Henry Scott ...	Black	15	....	29 Mch., 1915	31.8.1915	3 years	? Leper	Abscondnd
2	Samraj ...	Brown	28	...	26 Oct., 1915	30.11.1915	5 "	A.	Law 15 of 1896, sec. 9
3	Mary Martin ...	Black	...	50	14 May, 1915	4.12.1915	25 "	A.	Absconded
4	Sirinam ...	Brown	25	...	4 Aug., 1915	4.12.1915	1 year	A.	do
5	Dan Mall ...	"	...	30	21 July, 1915	20.12.1915	2 years	T.	do
6	Sarah Henry ..	...	...	44	3 Oct., 1913	20.12.1915	1 year	? Leprosy	do
7	Ira Graham ...	Black	19	...	17 Nov., 1915	10.1.1916	?	? Leprosy	Law 15 of 1896, sec. 9
8	John Grant ...	"	58	...	16 June, 1915	12.1.1916	½ year	T.	Absconded
9	S. W. Bowers ...	Fair	50	...	30 Sep., 1915	14.2.1916	...	Non-leper	Law 15 of 1896, sec. 9
10	Mrs. Robertha Edwards	Black	..	32	17 Sep., 1915	20.3.1916	1 year	T.	Law 15 of 1896, sec. 8
11	W. Chin ...	Brown	26	...	28 Aug., 1914	27.9.1915	½ year	T.	Law 15 of 1896, sec. 9

TABLE NO. VI.—Birthplace of those discharged 1915-1916, and absconded.

Birthplace.	Male.	Female.	Total.	Remarks.
India	2	1	3	2 discharged, Law 15 of 1896. 1 absconded.
St. Thomas	1	...	1	absconded
St. Mary	...	1	1	do
St. Catherine	...	1	1	
Trelawny	1	...	1	Law 15 of 1896, Sec. 9.
Manchester	1	...	1	Absconded.
Kingston	1	...	1	Law 15 of 1896, sec. 9.
Clarendon	...	1	1	Law 15 of 1896, sec. 8.
China	1	...	1	Discharged 15 of 1896, sec 9.
	7	4	11	

TABLE No. VII.—Return of Deaths in Leper Asylum during 1915-1916 (1st April, 1915 to 31st March, 1916.)

No.	Name.	Country.	Colour.	Age Years. M.	Age Years. F.	Date of Admission.	Date of Death.	Form of Leprosy.	Total years afflicted.	Cause of Death.
1	N. Fearon ..	Jamaica.	Black	42	..	7.1.1889	21.4.15	Mixed	30	Chr. Diarrhœa
2	R. Murphy ..		"	..	29	15.7.09	29.4.15	Tuber	9	Pul. Tuberculosis
3	G. Green ..		Brown	30	..	4.12.07	25.7.15	A.	16	do.
4	A. Lawrence ..		Black	45	..	4.4.10	5.9.15	A.	8	Chr. Nephritis
5	J. English ..		Brown	22	..	9.8.02	5.11.15	A.	14	Chr. Diarrhœa
6	B. Linton ..		Black	..	30	10.2.14	7.11.15	Tuber	5	Pul. Tuberculosis
7	J. Pitters ..		"	..	41	5.3.1886	12.12.15	A.	31	Larcoma
8	V. Josephs ..		Brown	36	..	11.8.14	17.12.15	Tuber	9	Tuberculosis
9	C. Campbell ..		Black	60	..	5.6.1880	27.12.15	A.	41	Gastric Cattarrh
10	D. Forrester ..		"	44	..	29.1.16	3.2.16	Tuber	3	Acute Nephritis
11	N. Williams ..		"	44	..	17.2.15	9.2.16	A.	2	do.
12	D. Campbell ..		"	47	..	19.11.1908	11.2.16	Tuber	8	Chr. Nephritis
13	S. Crawford ..		"	62	..	22.9.15	22.12.16	A.	2	Chr. Diarrhœa
14	A. Campbell ..		"	..	24	9.9.13	4.3.16	Tuber	3	Pul. Tuberculosis
15	D. McKenzie ..		"	..	25	23.11.15	6.3.16	A.	5	Chr. Nephritis
16	Abdul ..	India	Brown	36	..	15.2.15	22.3.16	A.	2	Paralysis

Average longevity of the Disease in those who died.

Anaesthetic	Males.	12 1-7 years.
,,	Females	18
Tubercular	Males.	6 2-3
,,	Females	5 2-3
Mixed	Males	30 years (one case)

General Death rate 10.8 per 100.

TABLE No. VIII.—Birthplace of deceased, 1915-1916.

Birthplace.	Male.	Female.	Total.
Kingston	3	..	3
Trelawny	2	..	2
Clarendon	2	1	3
St. Catherine	..	1	1
St. Ann	1	..	1
St. James	..	1	1
Manchester	1	1	2
St Mary	1	...	1
St. Andrew	...	1	1
India	1	...	1
	11	5	16

TABLE NO. IX.—Chief Inter-current Diseases treated during 1915-1916.

Disease.	Form of Leprosy.						Other Diseases.	Total.		Grand Total.
	Tubercular.		Anaesthetic.		? Leprosy.					
	M.	F.	M.	F.	M.	F.		M.	F.	
General Disease—										
Mal. Feb.	50	45	35	18	6	8	...	91	71	162
Syphilis	..	..	..	..	..	..	2	..	...	2
Dysentery	16	25	12	20	..	..	..	28	45	73
Tuberculosis	2	3	..	..	..	..	...	2	3	5
Diseases of the Nervous System—										
Conjunctivitis	60	75	50	20	..	..	...	110	95	205
Iritis	45	50	35	40	..	..	..	80	90	170
Diseases of the Nose—										
Rhinitis	60	36	52	28	..	..	...	112	64	176
Diseases of the Digestive System—										
Diarrhœa	82	79	59	89	..	..	...	141	168	309
Indigestion	120	98	120	103	..	..	...	240	201	441
Constipation	100	96	82	93	..	..	...	182	189	371
Urinary System—										
Nephritis	18	9	9	6	..	..	...	27	15	42
Skin—										
Ulcers	150	130	76	102	..	..	...	226	232	458